

The appendices at the Center for Medicare/Medicaid Services page on Acupuncture for Fibromyalgia give the following definitions:

**Acupuncture**, in the strictest sense, refers to insertion of dry needles, at specially chosen sites for the treatment or prevention of symptoms and conditions.

**Intramuscular stimulation** is a technique of apply needles to areas of tenderness.

IMS is considered part of Acupuncture by Medicare, and Acupuncture is not covered by Medicare. Thus PTs cannot bill for IMS or acupuncture for Medicare.

<https://www.cms.gov/medicare-coverage-database/details/technology-assessments-details.aspx?TAId=18&bc=AAAQAAAAAAAA#train2>

## Billing for Dry Needling

According to WebPT








## WebPT Continued


Billing for Dry Needling | WebPT - Google Chrome

← → ↻ https://www.webpt.com/blog/post/billing-for-dry-needling ☆ ☰


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Lauren Milligan

By Lauren Milligan

 July 6, 2015

Dry needling is getting under our skin. Due to its perceived similarity to acupuncture, this controversial practice recently has taken some heat regarding the legality of PTs providing this service at all. Fortunately, most states still recognize that dry needling is within the scope of physical therapy practice, but if you are able to legally provide this service, you then must deal with the lack of clarity around how to bill for it.

### Lost in translation


Here at WebPT, we get a lot of questions about billing for dry needling—specifically, whether PTs should bill for dry needling using CPT code 97140 (manual therapy). It's a great question, but one without an easy answer because of the breakdown between practice and payment. We know that to bill appropriately (and get paid), practitioners must select the CPT that accurately identifies services rendered. And therein lies

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answer because of the breakdown between practice and payment. We know that to bill appropriately (and get paid), practitioners must select the CPT that accurately identifies services rendered. And therein lies the tricky part. In an official statement released last year, the American Physical Therapy Association (APTA) said that “there is no CPT code that describes dry needling nor do any of the existing CPT codes include dry needling techniques in clinical vignettes utilized by AMA in their process to establish relative value units.” Whoops.

### Pin the tail on the payer

So, what’s a PT to do? The APTA suggests that PTs first check with their insurance payers to see if they have a dry needling billing policy and/or specific code(s) they prefer you use on your claims. If you don’t take this step, you’re basically taking a shot in the dark and hoping they’ll reimburse you for services rendered—not a good plan. However, if a payer doesn’t have a policy and/or preferred code, never use CPT code 97140 when billing for dry needling. Instead, the APTA advises that you “report the service using the appropriate unlisted physical medicine/rehabilitation service or procedure code 97799.”

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advises that you “report the service using the appropriate unlisted physical medicine/rehabilitation service or procedure code 97799.”

Until CPT closes the gap between how we describe the action performed (the dry needling treatment itself) and the category under which the service falls for payment (currently nonexistent), PTs will continue to jump through extra hoops to provide this kind of skilled intervention. To avoid dry needling billing complications altogether, you may want to consider providing this service on a cash-only basis. For more information on how to provide cash-pay services, check out this blog post.

ARTICLE POSTED IN BILLING

TAGS **INSURANCE** **APTA** **CLAIMS** **CPT CODES** **HOW-TO** **PHYSICAL THERAPY** **REIMBURSEMENT**

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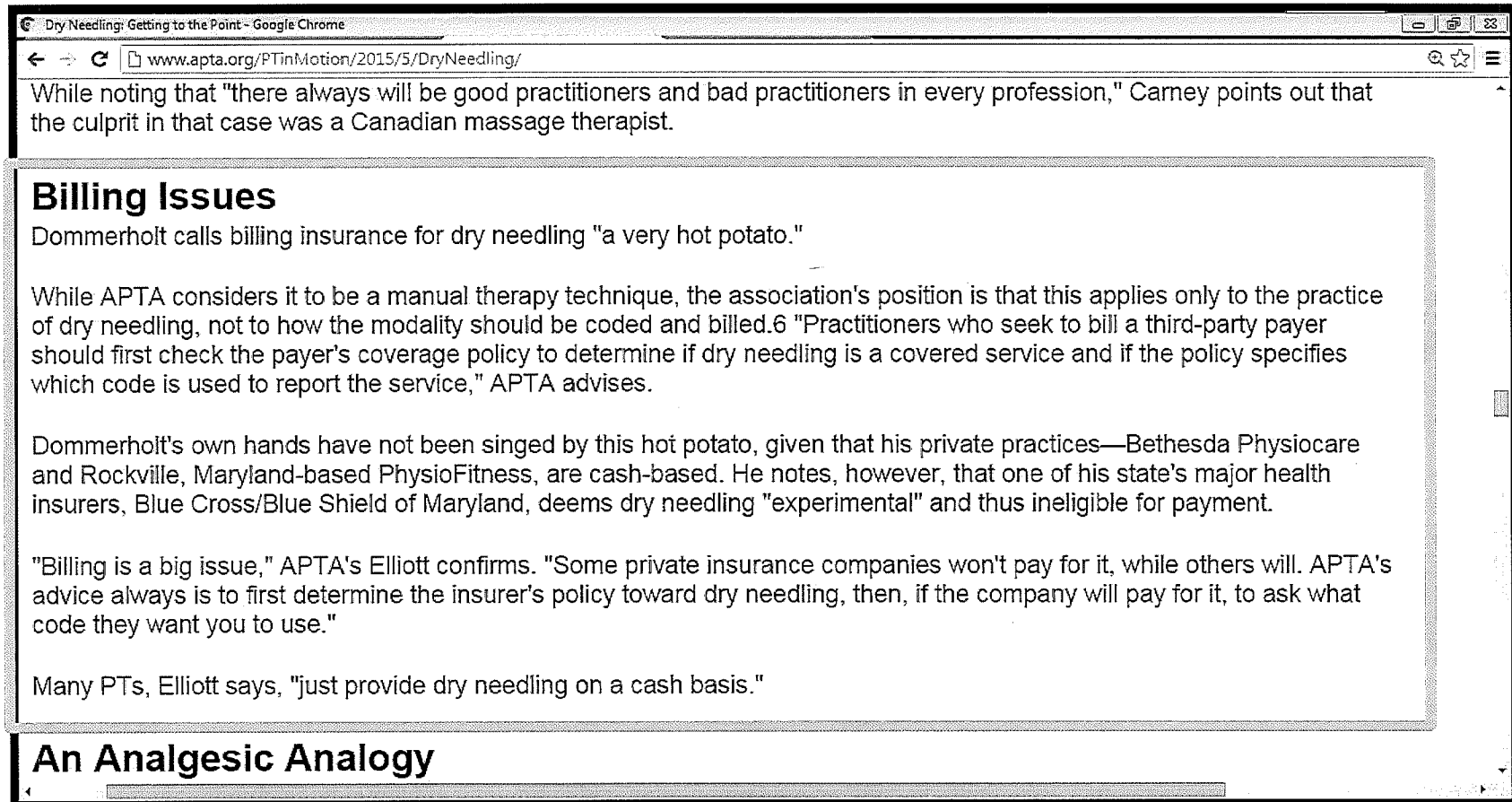
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## Billing for Dry Needling

According to American Physical Therapy Association source



Dry Needling: Getting to the Point - Google Chrome

www.apta.org/PTinMotion/2015/5/DryNeedling/

While noting that "there always will be good practitioners and bad practitioners in every profession," Carney points out that the culprit in that case was a Canadian massage therapist.

### Billing Issues

Dommerholt calls billing insurance for dry needling "a very hot potato."

While APTA considers it to be a manual therapy technique, the association's position is that this applies only to the practice of dry needling, not to how the modality should be coded and billed.<sup>6</sup> "Practitioners who seek to bill a third-party payer should first check the payer's coverage policy to determine if dry needling is a covered service and if the policy specifies which code is used to report the service," APTA advises.

Dommerholt's own hands have not been singed by this hot potato, given that his private practices—Bethesda Physiocare and Rockville, Maryland-based PhysioFitness, are cash-based. He notes, however, that one of his state's major health insurers, Blue Cross/Blue Shield of Maryland, deems dry needling "experimental" and thus ineligible for payment.

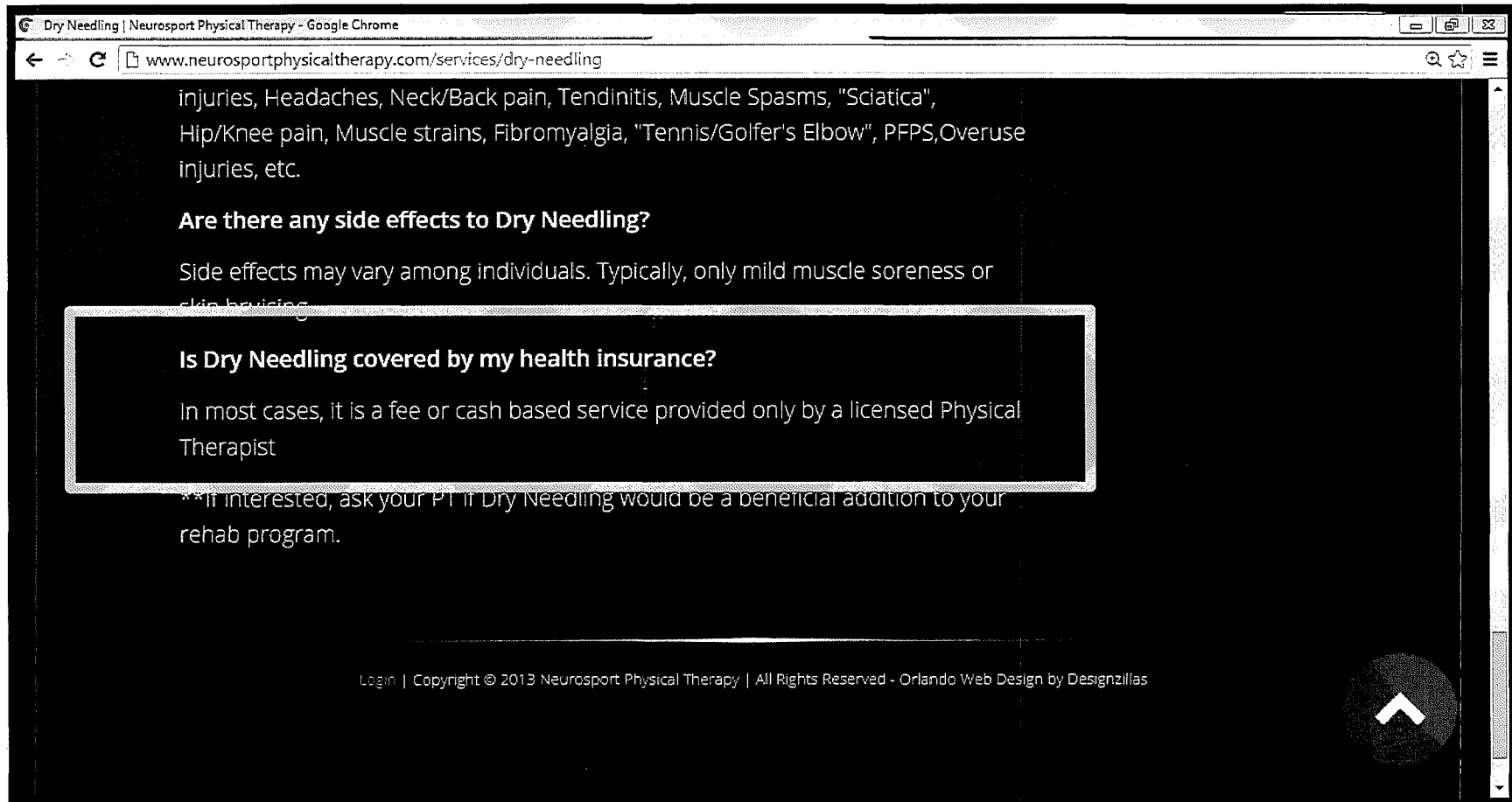
"Billing is a big issue," APTA's Elliott confirms. "Some private insurance companies won't pay for it, while others will. APTA's advice always is to first determine the insurer's policy toward dry needling, then, if the company will pay for it, to ask what code they want you to use."

Many PTs, Elliott says, "just provide dry needling on a cash basis."

### An Analgesic Analogy

## Billing for Dry Needling

According to [www.neurosportphysicaltherapy.com](http://www.neurosportphysicaltherapy.com)



The screenshot shows a web browser window with the address bar displaying "www.neurosportphysicaltherapy.com/services/dry-needling". The page content includes a list of conditions treated by dry needling, a section titled "Are there any side effects to Dry Needling?" with a sub-section "Is Dry Needling covered by my health insurance?" highlighted by a red box, and a footer with copyright information and a "Login" link.

Dry Needling | Neurosport Physical Therapy - Google Chrome

← → ↻ [www.neurosportphysicaltherapy.com/services/dry-needling](http://www.neurosportphysicaltherapy.com/services/dry-needling) 🔍 ☆ ☰

injuries, Headaches, Neck/Back pain, Tendinitis, Muscle Spasms, "Sciatica", Hip/Knee pain, Muscle strains, Fibromyalgia, "Tennis/Golfer's Elbow", PFPS, Overuse injuries, etc.

**Are there any side effects to Dry Needling?**

Side effects may vary among individuals. Typically, only mild muscle soreness or skin bruising.

**Is Dry Needling covered by my health insurance?**

In most cases, it is a fee or cash based service provided only by a licensed Physical Therapist

**\*\*If interested, ask your PT if Dry Needling would be a beneficial addition to your rehab program.**

Login | Copyright © 2013 Neurosport Physical Therapy | All Rights Reserved - Orlando Web Design by Designzillas

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## Billing for Dry Needling

According to [www.healthpartners.com](http://www.healthpartners.com) (An insurance company)

← → ↺

https://www.healthpartners.com/public/coverage-criteria/dry-needling/

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Coverage

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Intramuscular stimulation "dry needling" for myofascial pain management is considered experimental and investigational and, therefore, is not covered.

Definitions

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**Intramuscular Stimulation (IMS)** is a system of "dry needling" that involves the direct insertion of needles into myofascial trigger points to deliver electrical current into the painful area. This stimulation may lead to fatigue in the nerves transmitting the pain signal, resulting in pain relief. The word dry indicates that nothing is injected through the needle.

Dry needling differs from traditional acupuncture in the location of the insertion points and the theories for pain relief. Acupuncture practitioners insert needles according to theories of energy flow. While in Dry Needling, needles are inserted into the painful areas, or trigger points.

Codes

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*If available, codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.*

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Reviews & revisions

4/2015

Policy number

1038-02

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## Billing for Dry Needling

According to aptfc.com

therapy interventions such as soft tissue massage, stretching, strengthening, posture training, modalities, and home exercises.

**Is dry needling appropriate for everyone?**  
No. As with most interventions, individual differences in people, pain, medical history, and diagnoses make different treatment approaches necessary. There are also some medical conditions that may make needling complicated or contraindicated.

**Does insurance cover dry needling?**  
At this time there is no specific procedure code for dry needling. However, since the intervention is utilized with other measures (exercise, joint mobilization, education) as described earlier, the treatment session which includes dry needling is reimbursable by insurance.


**Are physical therapists qualified to do dry needling?**  
In the United States, dry needling is not an entry level skill and therefore requires additional training. Virginia and North Carolina have determined that dry needling is within the scope of physical therapy. Virginia requires the completion of at least 54 hours of post-professional training, while North Carolina requires a minimum of 94 hours post-professional training and at least two

## Billing for Dry Needling


According to prsrehabservices.com

Dry Needling | Professional Rehabilitation Services - Google Chrome

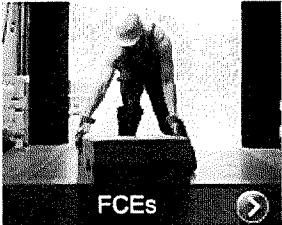
← → ↻ prsrehabservices.com/dry-needling/ 🔍 ☆ ☰




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Selected sites for needle insertion are based on an understanding of functional anatomy and pathophysiology. Physical therapists utilize dry needling to treat neuromusculoskeletal conditions with the goal of releasing/inactivating the trigger points and relieving pain.

**4. What conditions can dry needling be used to treat?**

We only use dry needling to treat neuromusculoskeletal conditions. Some common examples include headache, neck and back pain, sciatica, muscle strains, ligament sprains, repetitive strain injuries, sports injuries, tennis elbow, acute tendonitis, chronic tendinosis, plantar fasciitis, hip and knee pain.


**5. What does dry needling feel like?**

Generally, the procedure has minimal to no pain associated with it. Since we are using an extremely fine gauge needle, combined with precise manual techniques, most patients will report a relatively painless procedure. Your therapist will work communicate with you to ensure that you are comfortable throughout the entire process.

**6. Is dry needling covered by insurance?**

Yes, dry needling is a manual therapy technique which is a covered service by most insurance plans. Professional Rehabilitation Services also has flexible payment plan options.

**\*\*For more information you can speak to one of our physical therapists at any of our three locations.\*\***



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## Billing for Dry Needling

According to [www.everydayhealth.com](http://www.everydayhealth.com)

Dry Needling: The Most Painful Thing I've Ever Loved - Google Chrome

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severe pain and want a pleasant experience, get a massage. If you want results, commit to dry needling. Here are six things I've learned:

1. **Schedule medications wisely.** If you take Tylenol (or something stronger) at regular intervals, schedule a dosage for right before your appointment. I find the less I'm clenching my muscles, the more effective those helpful "twitches" are.
2. **Keep it loose.** After your appointment, resist the urge to curl into a ball like an overwhelmed hedgehog. The more you move around, the looser you will be, and the quicker the pain will dissipate.
3. **Find a physical therapist who is good at the procedure.** After shopping around, I was able to find a physical therapy practice that accepts my insurance and bills dry needling a specific way so that my insurance covers it in full. Don't give up just because one practice tells you it isn't covered. (Not all physical therapists can practice dry needling because PT license requirements vary from state to state, and the technique is not yet fully accepted. MDs, DOs, and acupuncturists can practice dry needling, but many are not trained.)
4. **Plan your outfit accordingly.** My particular impairment favors tube tops layered under a zip-up or button-down shirt. My outfit choice allows for easy access to my shoulders, and makes it easier to get dressed after the appointment.

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## Billing for Dry Needling

According to [www.sw.org](http://www.sw.org)

Dry Needling - Baylor Scott & White Health - Google Chrome

www.sw.org/physical-medicine-rehabilitation/dry-needling

- Keep moving in your normal daily activities
- Gently stretch and move the injected area
- Don't start new physical activities that are not part of your normal routine

### How Often Do I Need to Come Back to Maintain My Progress?

Stress, exercise, gravity and your daily activities put pressure on your musculoskeletal system. You can avoid further problems with good posture and regular exercise.

However, sometimes pain does return and you'll need another dry needling procedure to help break the cycle of pain.

We recommend that you come in at the first signs of trigger point pain, as it's easier to treat acute pain than chronic pain.

#### Does Insurance Cover Dry Needling?

Because dry needling is a therapeutic treatment and not acupuncture, it's covered by most insurance plans.

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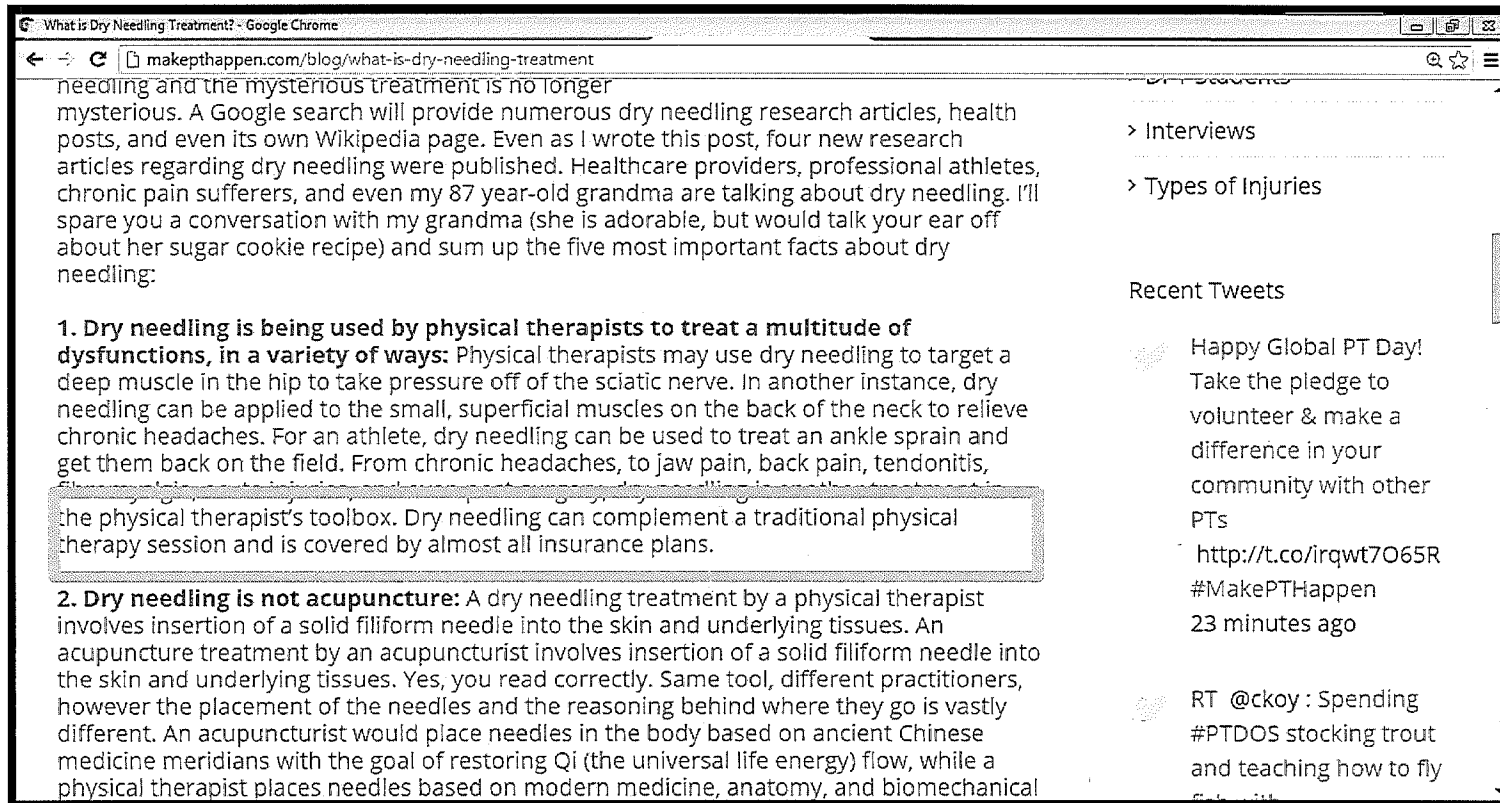
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## Billing for Dry Needling

According to makepthappen.com



The screenshot shows a Google Chrome browser window with the address bar displaying "makepthappen.com/blog/what-is-dry-needling-treatment". The page content includes an introduction to dry needling, followed by two numbered points. The first point, "1. Dry needling is being used by physical therapists to treat a multitude of dysfunctions, in a variety of ways:", is followed by a paragraph describing its applications. A text box highlights the sentence: "the physical therapist's toolbox. Dry needling can complement a traditional physical therapy session and is covered by almost all insurance plans." The second point, "2. Dry needling is not acupuncture:", is followed by a paragraph comparing it to acupuncture. On the right side of the page, there are navigation links for "Interviews" and "Types of Injuries", and a "Recent Tweets" section featuring two tweets about PT Day and a retweet about stocking trout.

What is Dry Needling Treatment? - Google Chrome

makepthappen.com/blog/what-is-dry-needling-treatment

needling and the mysterious treatment is no longer mysterious. A Google search will provide numerous dry needling research articles, health posts, and even its own Wikipedia page. Even as I wrote this post, four new research articles regarding dry needling were published. Healthcare providers, professional athletes, chronic pain sufferers, and even my 87 year-old grandma are talking about dry needling. I'll spare you a conversation with my grandma (she is adorable, but would talk your ear off about her sugar cookie recipe) and sum up the five most important facts about dry needling:

**1. Dry needling is being used by physical therapists to treat a multitude of dysfunctions, in a variety of ways:** Physical therapists may use dry needling to target a deep muscle in the hip to take pressure off of the sciatic nerve. In another instance, dry needling can be applied to the small, superficial muscles on the back of the neck to relieve chronic headaches. For an athlete, dry needling can be used to treat an ankle sprain and get them back on the field. From chronic headaches, to jaw pain, back pain, tendonitis, **the physical therapist's toolbox. Dry needling can complement a traditional physical therapy session and is covered by almost all insurance plans.**

**2. Dry needling is not acupuncture:** A dry needling treatment by a physical therapist involves insertion of a solid filiform needle into the skin and underlying tissues. An acupuncture treatment by an acupuncturist involves insertion of a solid filiform needle into the skin and underlying tissues. Yes, you read correctly. Same tool, different practitioners, however the placement of the needles and the reasoning behind where they go is vastly different. An acupuncturist would place needles in the body based on ancient Chinese medicine meridians with the goal of restoring Qi (the universal life energy) flow, while a physical therapist places needles based on modern medicine, anatomy, and biomechanical

> Interviews

> Types of Injuries

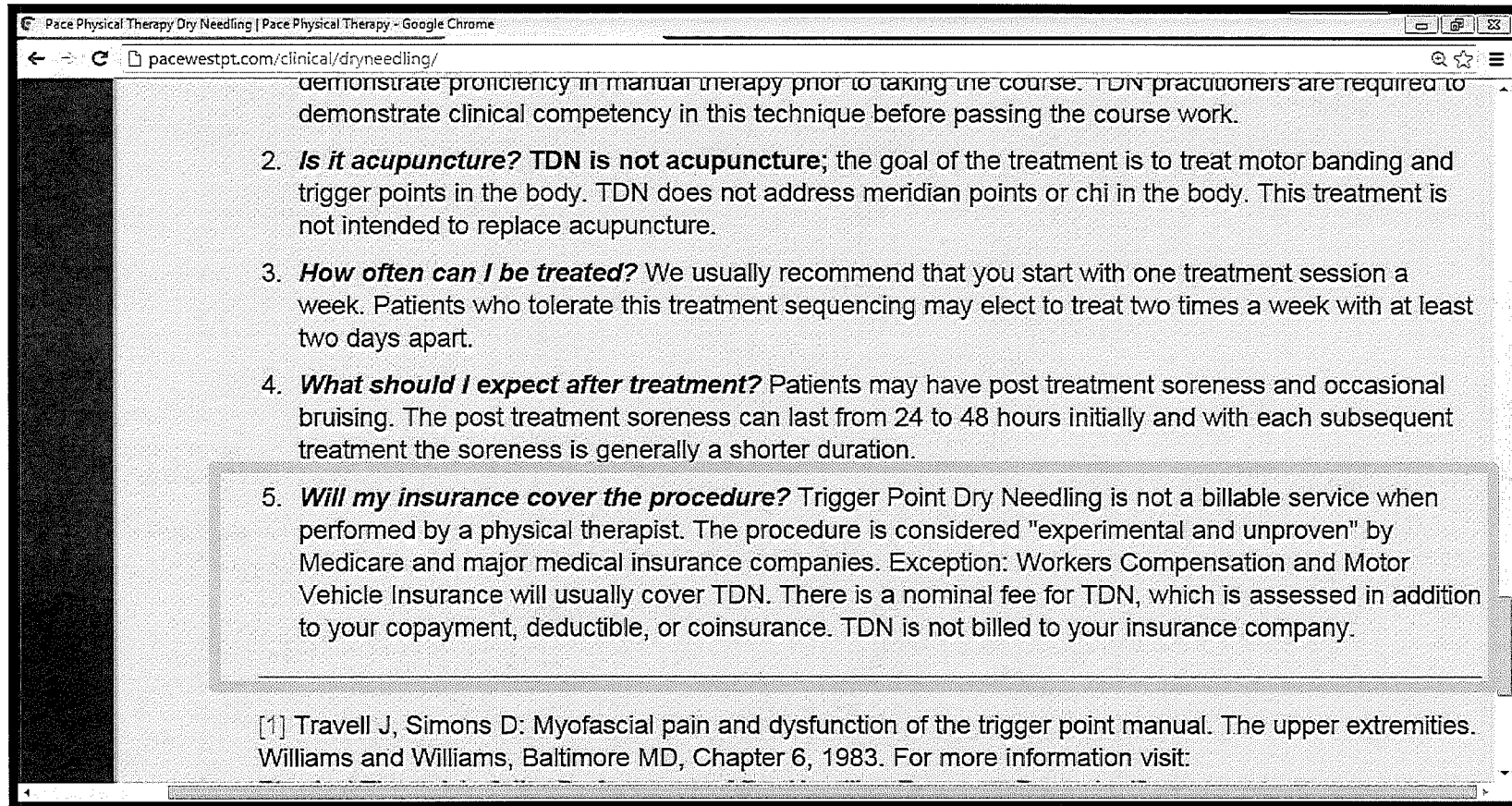
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RT @ckoy : Spending #PTDOS stocking trout and teaching how to fly

## Billing for Dry Needling

According to pacewestpt.com



Pace Physical Therapy Dry Needling | Pace Physical Therapy - Google Chrome

← → ↻ □ pacewestpt.com/clinical/dryneedling/ 🔍 ☆ ☰

demonstrate proficiency in manual therapy prior to taking the course. TDN practitioners are required to demonstrate clinical competency in this technique before passing the course work.

2. ***Is it acupuncture?*** TDN is not acupuncture; the goal of the treatment is to treat motor banding and trigger points in the body. TDN does not address meridian points or chi in the body. This treatment is not intended to replace acupuncture.
3. ***How often can I be treated?*** We usually recommend that you start with one treatment session a week. Patients who tolerate this treatment sequencing may elect to treat two times a week with at least two days apart.
4. ***What should I expect after treatment?*** Patients may have post treatment soreness and occasional bruising. The post treatment soreness can last from 24 to 48 hours initially and with each subsequent treatment the soreness is generally a shorter duration.
5. ***Will my insurance cover the procedure?*** Trigger Point Dry Needling is not a billable service when performed by a physical therapist. The procedure is considered "experimental and unproven" by Medicare and major medical insurance companies. Exception: Workers Compensation and Motor Vehicle Insurance will usually cover TDN. There is a nominal fee for TDN, which is assessed in addition to your copayment, deductible, or coinsurance. TDN is not billed to your insurance company.

[1] Travell J, Simons D: Myofascial pain and dysfunction of the trigger point manual. The upper extremities. Williams and Williams, Baltimore MD, Chapter 6, 1983. For more information visit:

### Conclusions:

There is a wide variety of opinions on how PTs can bill for dry needling, or whether they even should. Some strictly say PTs are **not** allowed to bill for dry needling, others say they **can**, and others suggest that PTs can bill for dry needling if they do so in **special ways**.

**DRY NEEDLING IS ACUPUNCTURE,  
BUT WITHOUT THE PROFESSIONAL RIGOR AND SAFEGUARDS.**

**IT IS AN EXPANSION OF SCOPE OF PRACTICE  
FOR PHYSICAL THERAPISTS.**

**A Briefing Book on the Subject of Trigger Point Dry Needling and  
Physical Therapy Scope of Practice**

**February, 2012**

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## **DRY NEEDLING IS ACUPUNCTURE AND AN EXPANSION OF SCOPE, BUT WITHOUT THE PROFESSIONAL RIGOR AND SAFEGUARDS**

Dry needling is the practice of inserting a needle into the skin and muscle at specific trigger points for therapeutic purposes. The name comes from western clinicians who found that giving shots in sensitive muscles and trigger points yielded benefits even when nothing was injected: they realized that their patients were experiencing benefits usually ascribed to acupuncture. Since they were western practitioners, however, they renamed the procedure as dry needling or "Trigger Point Dry Needling (TPDN)."

As the Oregon State Medical Board summarized: "acupuncture and "dry needling" use the same tool (acupuncture needles), the same points, the same purpose (treating pain), and the same needling techniques. This is why the **Oregon Medical Board and its Acupuncture Committee voted that "dry needling" is the practice of acupuncture.**"

Recently in Illinois, the physical therapy community has begun to assert that dry needling should be considered within their scope of practice. Specifically, the Illinois Physical Therapy Licensing and Disciplinary Committee placed the question to the counsel of the Illinois Department of Financial and Professional Regulation (IDFPR). The counsel concluded in an "informal, preliminary" statement that there was nothing in the Physical Therapy Practice Act that initially seemed to preclude this practice.

But the Illinois statute dealing with physical therapy (225 ILCS 90/1 (1) (B)) is clear:

(B) Alleviating impairments, functional limitations, or disabilities by designing, implementing, and modifying therapeutic interventions that may include, but are not limited to, the evaluation or treatment of a person through the use of the effective properties of physical measures and heat, cold, light, water, radiant energy, electricity, sound, and air and use of therapeutic massage, therapeutic exercise, mobilization, and rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental impairment, functional limitation, or disability.

**Nowhere in this passage is any reference to treatment that breaks the skin, nor any reference to the insertion of needles. There is no more fundamental scope expansion in medicine than from the non-invasive to the invasive. Physical therapists do not perform invasive techniques now; dry needling is invasive.**

Allowing physical therapists to perform acupuncture or dry needling entails risks. Although physical therapists receive excellent and thorough training for their practice, they do not have a required curriculum for teaching dry needling. In addition, physical therapists do not have to successfully complete any assessments for the safe and competent practice of dry needling. Courses in dry needling can be as brief as a weekend workshop or a 27-hour mini-course. Licensed acupuncturists are mandated to undergo a rigorous training program of at least three academic years and 1950 hours of coursework.

Perhaps because of this training gap, **clinical evidence for the efficacy of dry needling has not been definitively established.** Published studies typically suffer from small sample size and limited methodological rigor.

The risks involved in practicing acupuncture without adequate training include organ puncture and infection, and are sufficiently grave that the National Chiropractic Council **will not provide mal-practice insurance for physical therapists who insert needles or utilize the practice of dry needling** (cf. briefing book, Addendum Tab 3). The deeper and more pervasive risk is that patients may become confused regarding the practice of acupuncture, and their ability to choose the best medical options for their health needs will be compromised.

## ADDENDA

## **TAB 1**

### **STATUTORY LANGUAGE**

The statutory language regarding acupuncture perfectly describes dry needling, while the statutory language regarding physical therapy has no reference to any invasive procedures or to the breaking of the skin.



## **ILLINOIS STATUTORY LANGUAGE ON DRY NEEDLING, ACUPUNCTURE AND PHYSICAL THERAPY**

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(B) Alleviating impairments, functional limitations, or disabilities by designing, implementing, and modifying therapeutic interventions that may include, but are not limited to, the evaluation or treatment of a person through the use of the effective properties of physical measures and heat, cold, light, water, radiant energy, electricity, sound, and air and use of therapeutic massage, therapeutic exercise, mobilization, and rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental impairment, functional limitation, or disability.

225 ILCS 90/1 (1) (B)

The practice act definition of acupuncture:

"Acupuncture" means the evaluation or treatment of persons affected through a method of stimulation of a certain point or points on or immediately below the surface of the body by the insertion of pre-sterilized, single-use, disposable needles, unless medically contraindicated, with or without the application of heat, electronic stimulation, or manual pressure to prevent or modify the perception of pain, to normalize physiological functions, or for the treatment of certain diseases or dysfunctions of the body and includes activities referenced in Section 15 of this Act for which a written referral is not required.

Who may practice acupuncture:

(Section scheduled to be repealed on January 1, 2018)

Sec. 15. Who may practice acupuncture. No person licensed under this Act may treat human ailments otherwise than by the practice of acupuncture as defined in this Act. A physician or dentist licensed in Illinois may practice acupuncture.

(225 ILCS 2/15)

**TAB 2:**

**ILLINOIS STATE MEDICAL SOCIETY  
LETTER OF OPPOSITION**

ISMS respectfully requests the Department reevaluate this determination that "dry needling" may be performed by physical therapists and inform all licensed physical therapists that the practice of "dry needling" may not be performed by licensed physical therapists in the State of Illinois.

# Illinois State Medical Society



February 10, 2012

Illinois Department of Financial & Professional Regulation  
Secretary Brent E. Adams  
Director Jay Stewart  
100 W. Randolph Street, 9<sup>th</sup> Floor  
Chicago, IL 60601

Dear Secretary Adams and Director Stewart:

On behalf of the 12,000 members of the Illinois State Medical Society, I must express ISMS opposition to the Department's determination that physical therapists may perform "dry needling." ISMS disagrees with the IDFPR interpretation because the definition of "physical therapy" in no way general or specific allows for invasive procedures or techniques that penetrate the skin. "Dry needling" consists of inserting a needle in the human body.

It has come to our attention that IDFPR interprets the definition of "physical therapy" to include "dry needling" or "acupuncture" because of the text in 225 ILCS 90/1(1) (B):

*(B) Alleviating impairments, functional limitations, or disabilities by designing, implementing, and modifying therapeutic interventions that may include, but are not limited to, the evaluation or treatment of a person through the use of the effective properties of physical measures and heat, cold, light, water, radiant energy, electricity, sound, and air and use of therapeutic massage, therapeutic exercise, mobilization, and rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental impairment, functional limitation, or disability.*

Clearly, heat, cold, light, water, radiant energy, electricity, sound, and air and use of therapeutic massage, therapeutic exercise, mobilization, and rehabilitative procedures may be used, but none of these call for the breaking of skin or insertion of needles. No other provision of the definition of "physical therapy" would allow for the insertion of a needle into the human body by a physical therapist. Further, the IDFPR notes a number of states including Texas, Virginia, Colorado, Ohio and Kentucky include "dry needling" in the scope of practice of "physical therapy". We find this information has no relevance to the definition of "physical therapy" in the State of Illinois.

*Secretary Brant E. Adams*  
*Director Jay Stewart*  
*Page 2*

ISMS respectfully requests the Department reevaluate this determination that "dry needling" may be performed by physical therapists and inform all licensed physical therapists that the practice of "dry needling" may not be performed by licensed physical therapists in the State of Illinois. We appreciate your prompt attention to this matter, and are eager to hear from you regarding its resolution.

Regards,



Craig A. Backs, M.D.  
Chair, Board of Trustees

cc: Wayne V. Polek, M.D.  
William N. Werner, M.D.  
Alexander R. Lerner



**TAB 3:**

**NATIONAL CHIROPRACTIC COUNCIL  
LETTER ON THE RISKS OF DRY NEEDLING**

"[T]he NCC will not provide malpractice insurance for any physical therapist who inserts needles and/or utilizes the technique of dry needling."

November 18, 2009

Ms. Kathleen Haley  
Executive Director  
State of Oregon  
Medical Board  
1500 SW 1<sup>st</sup> Ave., Suite 620  
Portland, OR 97201-5847

The National Chiropractic Council ("NCC") is a federal risk purchasing group which purchases physical therapy malpractice insurance on a group basis for its members. It has come to the NCC's attention that the Oregon Physical Therapist Licensing Board has recently determined that the technique of "dry needling" falls within the physical therapy scope of practice. This determination concerns NCC not only on a malpractice perspective, but also concerns NCC from the perspective of public health and safety.

According to the World Health Organization, the term "acupuncture" literally means to puncture with a needle. "Dry needling" is a term that was developed to define the technique of placing an acupuncture needle into a muscle trigger point rather than injecting the trigger point with lidocaine or cortisone. Dry needling focuses on releasing muscle tension by treating specific trigger points, alleviating nerve tissue irritation by reducing the nerve impulse, or stimulating local blood supply where it may be naturally poor, for instance at the junction between tendons or ligaments and bone. It became known a "dry" needle since nothing was injected. Dry needling is a derivative of acupuncture and defined by the World Health Organization as "acupuncture."

In fact, one of the pioneers of the dry needling technique, Chan C. Gunn, stressed that many trigger points were close to or identical to acupuncture points. Chan C. Gunn's belief was that Western practitioners would better accept the technique if the point locations were described in anatomical rather than traditional Chinese medical terms.<sup>1</sup>

Proponents of the addition of dry needling to the scope of physical therapy maintain that trigger point dry needling does not have any similarities to acupuncture other than using the same tool. These same proponents of the technique re-define traditional Chinese medicine as being based on a traditional system of energetic pathways and the goal of acupuncture to balance energy in the body. They emphasize the channel relationship of acupuncture points, de-emphasize or

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<sup>1</sup> Gunn, CC et al. *Spine*, 1980

completely exclude the use of ASHI points, and emphasize that acupuncture is based on the energetic concepts of Oriental medicine diagnosis. They therefore define dry needling as different and distinct from acupuncture because it is based on Western anatomy.<sup>2</sup>

However, these proponents fail to recognize that acupuncture schools teach both "western" neurophysiological concepts along with "traditional" meridian concepts. As such, acupuncturists are highly trained within both fields of medicine. In fact, the profession of Chinese medicine utilizes neurophysiological principles. As such, there is no such distinction between "eastern" and "western" acupuncture.

Needless to say, dry needling is a contentious issue. However, the issue needs to be ultimately viewed from the perspective of public health and safety. Currently, the leading dry needling courses being offered in the United States include the Travell Series through Myopain Seminar in Maryland and dry needling courses offered by the Global Education of Manual Therapists located in Colorado.

The Travell Series is comprised of an 80 hour course on myofascial trigger points and a 36 hour course on dry needling. The course is designed for licensed healthcare practitioners including acupuncturists.<sup>3</sup> The dry needling course offered by the Global Education of Manual Therapists is a 27.5 introductory course with an option for another 27.5 level two seminar.<sup>4</sup>

Licensed acupuncturists typically receive at least 3000 hours of education.<sup>5</sup> The dry needling courses currently being offered, including the Travell Series and the courses offered by the Global Education of Manual Therapists not only allow physical therapists to use needles on patients without sufficient training, but constitutes a public health hazard.

California, Hawaii, New York, North Carolina, and Tennessee, all prohibit physical therapists from performing dry needling. In addition, the state of Florida disallows physical therapists from using any technique which ruptures the skin.

In California, physical therapists recognize that invasive procedures clearly move beyond the scope and training of physical therapy and in some instances hire licensed acupuncturists to treat patients. Many physical therapists respect the fact that use of needles is both an invasive procedure beyond the professional scope of physical therapy and directly related to the practice of acupuncture.

According to Ben Massey Jr., PT, MA, the Executive Director of the North Carolina Board of Physical Therapy Examiners, "Dry needling is a form of acupuncture. In North Carolina, a practitioner who performs acupuncture must have a license from the North Carolina Board of Acupuncture."<sup>6</sup>

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<sup>2</sup> Hobbs, Valerie, DiplOM, LAc, *Dry Needling and Acupuncture Emerging Professional Issues*

<sup>3</sup> <http://www.myopainseminars.com/seminars/travell/index.html>

<sup>4</sup> <http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-Needling-Level-II-Training/page18.html>

<sup>5</sup> <http://aaaonmonline.org/pressroom.asp?pagenumber=48266>

<sup>6</sup> <http://aaaonmonline.org/pressroom.asp?pagenumber=48266>

Oregon defines "acupuncture" as "Oriental health care practice used to promote health and to treat neurological, organic or functional disorders by the *stimulation of specific points on the surface of the body by the insertion of needles...*"<sup>7</sup> (Emphasis added). As discussed above, dry needling focuses on releasing muscle tension by treating specific trigger points, alleviating nerve tissue irritation by reducing the nerve impulse, or stimulating local blood supply where it may be naturally poor. As such, dry needling falls squarely within the Oregon definition of "acupuncture" as it involves the insertion of needles on the surface of the body to stimulate specific points.

Physical therapy state boards of Maryland, New Mexico, New Hampshire and Virginia have determined that dry needling falls within the scope of physical therapy in those states. However, the Oregon statute defining "acupuncture" is distinguishable from these states' statute.

For example, the New Mexico Acupuncture and Oriental Medicine Practice Act defines acupuncture as "the use of needles inserted into and removed from the human body for the prevention, cure or correction of any disease, illness, injury, pain, or other condition by controlling and regulating the flow and balance of energy and functioning..."<sup>8</sup>

Proponents of the addition of dry needling to the scope of physical therapy point out that dry needling is not to control and regulate the flow and balance of energy and is not based on Eastern esoteric and metaphysical concepts. As such, based on the definition of "acupuncture" as set forth in the New Mexico Acupuncture and Oriental Medicine Practice Act, the physical therapy state board determined that dry needling falls within the scope of physical therapy practice.

However, unlike the New Mexico statute, ORS 677.575 is not narrowly tailored to limit the practice of "acupuncture" to the control and regulation of the flow and balance of energy and functioning.

Moreover, the Oregon Physical Therapist Licensing Board Administrative Rules does not provide for any statutory authority to physical therapists to perform dry needling.<sup>9</sup> In fact, ORS 848-040-0100(8) provides that "Physical therapy intervention" means a treatment or procedure and includes but is not limited to: therapeutic exercise; gait and locomotion training; neuromuscular reeducation; manual therapy techniques (including manual lymphatic drainage, manual traction, connective tissue and therapeutic massage, mobilization/manipulation of soft tissue or spinal or peripheral joints, and passive range of motion); functional training related to physical movement and mobility in self-care and home management (including activities of daily living (ADL) and instrumental activities of daily living (IADL)); functional training related to physical movement and mobility in work (job/school/play), community, and leisure integration or reintegration (including IADL, work hardening, and work conditioning); prescription, application, and, as appropriate, fabrication of devices and equipment (assistive, adaptive, orthotic, protective, or supportive); airway clearance techniques; integumentary repair and

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<sup>7</sup> ORS 677.757(1)(a)

<sup>8</sup> New Mexico Statutes Annotated 1978, Chapter 61, Professional and Occupational Licenses, Article 14A, Acupuncture and Oriental Medicine Practice 3, Definitions

<sup>9</sup> ORS 848-040-0100(8)



protective techniques; electrotherapeutic modalities; physical agents and mechanical modalities; and patient related instruction and education.”

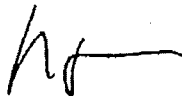
For the Oregon Physical Therapy Licensing Board to determine that dry needling falls within the scope of practice for its physical therapists means that the Oregon Physical Therapy Licensing Board is ignoring ORS 677.575 defining “acupuncture” and making a policy to include dry needling by a rule, rather than the physical therapy profession having to sponsor and pass a bill that explicitly changes state physical therapy law.

Additionally, the Oregon Physical Therapy Licensing Board’s reliance on ORS 848-040-0145 (2) that provides “A physical therapists or physical therapist assistant shall perform, or attempt to perform physical therapy interventions only with qualified education and experience in that intervention”<sup>10</sup> to justify that dry needling is within in scope of physical therapy is not only overreaching but almost irresponsible and dangerous. The Oregon Physical Therapist Licensing Board Administrative Rules does not provide further standards or guidelines regarding dry needling education and/or certification. As such, it is impossible to determine what is considered “qualified education and experience” in dry needling. As stated above, to allow physical therapists to use needles on patients without sufficient training, but constitutes a public health hazard.

Based on the foregoing, the NCC will not provide malpractice insurance for any physical therapist who inserts needles and/or utilizes the technique of dry needling.

Thank you for your professional courtesies in this regard. Should you have any further questions or concerns, please do not hesitate to contact me.

Sincerely yours,



Michael J. Schroeder  
Vice-President and General Counsel

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<sup>10</sup> ORS 848-040-0145(2)

## **TAB 4**

### **REVIEW OF DRY NEEDLING FROM THE PERSPECTIVE OF THE ILLINOIS ASSOCIATION OF ACUPUNCTURE & ORIENTAL MEDICINE**

"The greater harm comes from distracting patients away from providers who could truly do them greater good, because we have allowed to be put into place a system where untrained individuals are allowed to offer the same product with no safe-guards."

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# Acupuncture - *by Any Other Name* - Is Acupuncture: The Fight Against Professional Plundering Continues

by David W. Miller, M.D., FAAP, L.Ac., Dipl. OM

As most of you already know, Illinois is in the midst of a national discussion as to whether it is appropriate for physical therapists (amongst others) to use "Trigger Point Dry Needling (TPDN)" or "Intramuscular Manual Therapy (IMT)". This is an issue that must currently be decided on a state-by-state basis. Many states have determined that TPDN/IMT is within the scope of practice of PTs; many have decided it is not. Differences in rulings depend, in part, upon how individual state practice acts are written for both of the primary professions involved: Acupuncture and Physical Therapy. Recently in Illinois, the Illinois Physical Therapy Licensing and Disciplinary Committee placed the question to the counsel of the Illinois Department of Financial and Professional Regulation (IDFPR) as to whether TPDN/IMT could be within their scope of practice. The council examined the Physical Therapy Practice Act, **did not** consult the Board of Acupuncture, **did not** consider the Acupuncture Practice Act, clearly **did not** recognize this practice as acupuncture, and concluded in an "informal, preliminary" statement that there was nothing in the Physical Therapy Practice Act that initially seemed to preclude this practice. Based on this, a number of physical therapy organizations around the Chicago land area began offering this service.

While it is unclear exactly what information was presented to the IDFPR here in Illinois, the formal arguments that the physical therapy community in general has presented to regulatory agencies have hinged on the assertions that TPDN/IMT is not the same as acupuncture, is not based in traditional Chinese medical theory, and is not meaningfully different from other practices already in their use.

Clearly, the fact that TPDN/IMT is considered by many to be acupuncture was not included in the information presented. Yet to patients, advertising information is being distributed that states, "Intramuscular manual therapy (aka., Dry Needling) is the insertion of a filament needle directly into or over a Myofascial trigger point in order to release tension and decrease pain." (To clarify, a "filament needle" is an acupuncture needle.) It then goes on to state, "Dry needling dates back to as early as the 7th century where Sun-SSu Mo [SIC], a Taoist doctor, used needling on what he called Ah-Shih points [SIC], which correspond to modern day trigger points."

So, what is being asserted by the PTs is (yes, you read correctly) that TPDN/IMT is not acupuncture, but is a procedure that uses acupuncture needles in a tradition that dates back to one of the most well recognized sages of Chinese medicine and acupuncture. Further, discussions saved from list-serve conversations among physical therapists include exchanges regarding the purchase of "Acu-graphs" and similar devices that are specifically designed to locate acupuncture points. Hence, while the lip-service being presented to the State is that this is a distinct practice unrelated to Chinese medicine, the evident intent and advertising of the procedure is indistinguishable from acupuncture that is rooted in Chinese culture and medicine. There seems to be, in fact, every reason to believe that the intent of this sub-group of physical therapy professionals is to practice acupuncture with no supervision, approved training, licensure standards, continuing education, or oversight. In effect, the intent is to circumvent all public protections put into place for the

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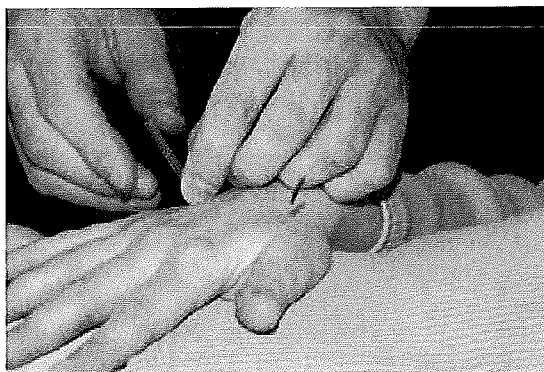
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practice of acupuncture in Illinois, through the technique of re-packaging and re-naming.

To clarify, as well, from a strictly "legalist" standpoint, the definition of "Acupuncture" under Illinois law is, "...The evaluation or treatment of persons affected through a method of stimulation of a certain point or points on or immediately below the surface of the body by the insertion of pre sterilized, single use, disposable needles, unless medically contraindicated, with or without the application of heat, electronic stimulation, or manual pressure to prevent or modify the perception of pain, to normalize physiological functions, or for the treatment of certain diseases or dysfunctions of the body..." So, *legally, in Illinois, TPDN/IMT appears to be exactly Acupuncture.* It should also be noted that the practice act specifically specifies that the only other professionals allowed to practice acupuncture are those licensed under the Medical Practice Act of 1987.

Let it be stated and understood, clearly and definitively, that the protest the acupuncture community has put forth does not in any way have to do with questions about the value that Physical Therapy, as a field, has for patients. As a medical doctor and a licensed acupuncturist I have found physical therapy services invaluable to the recovery of many of my patients, and the field as a whole has cultivated a body of knowledge that is vital and underutilized. Physical therapists I know and have worked with have been intelligent, well-intentioned individuals with a sincere goal to better the health of their clients. HOWEVER, just as I would sanction any peer who was doing harm by practicing out of scope, with inadequate training, intentionally deceiving the public, circumventing and intentionally deceiving the regulatory authorities, and



acting out of their own best interest rather than for the betterment of the public health, so must we take a firm stance against the **sub-group** of physical therapists attempting to pass this practice off as anything but what it actually is: a technique originating in acupuncture therapy as developed in East Asia, and written about in Chinese historic texts. Aka: a specific type of acupuncture practice.

The core of this problem also lies in the following: If TPDN/IMT is approved for use by physical therapists based on the idea that it is a confined, limited, specific type of therapy, there is no remotely reliable mechanism in place to assure that this practice will remain confined to *ashi* point needling. The argument that this is a distinct practice is essentially meaningless, because, distinct or not, no safeguards are in place to limit expansion of point selections and treatment protocols, and no agency will be monitoring to assure that *acu-graphs* are not employed and that classic texts are not consulted. The field will be open to acupuncture practice in general, and, yet again, the public will have no assurance that the product they are receiving is in any way meeting any type of minimum standards.

There are many ways to do harm. The most concrete is of course to directly do bodily harm to a patient, but this is in many ways the least of the potential harms in this case. The greater harm comes from distracting patients away from providers who could truly do them greater good, because we have allowed to be put into place a system where untrained individuals are allowed to offer the same product with no safe-guards, and we allow them to do this in a structure for which they can bill insurance, thereby making them a

*continued on page 6*

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preferable source for the uneducated consumer. (And yes, the physical therapists are billing TPDN/IMT under physical therapy codes.) Under the guise of helping patients achieve relief from focal musculoskeletal pain and with the up-front wrapping of this increasing access to services, practitioners of TPDN/IMT actually facilitate patients not receiving the full spectrum of treatments that they could be getting from a trained practitioner.

Further, by allowing a group of practitioners to circumvent proper licensing and training prior to practicing Acupuncture, the meaningfulness of the practice act structure in Illinois is undermined, and thus draws into question why we need regulatory agencies at all. As we stated in our letter to the IDFPR, "This move to add what is by State definition "Acupuncture" to the scope of practice of Physical Therapists in Illinois opens a door to public harm and misrepresentation, and further serves to confuse the public about safeties they have come to expect and standards for practice they deserve to have in place. It underscores that while one professional group is required to demonstrate excellence and prove on-going competence in this field, another group can effectively do whatever they choose. For the protection of the public safety and for the preservation of the legal integrity of the practice act structure in Illinois, it must be beyond the scope of authority for this change to occur via Board determination alone. The practice of Acupuncture by Physical Therapists, by whatever name is being used for the procedure, should cease and desist."

On June 20th we presented our case to the IDFPR for consideration, and as of the time of the writing of this piece, we await a response. Should this initial consideration be found to go against the integrity of the practice act structure of Illinois, and against the best practice of acupuncture in Illinois, we will take the

question to higher levels, as far as it needs to or can go. Then, if a re-determination sides in the acupuncturists' favor, we would anticipate that this question will be re-challenged by the sub-group of physical therapists interested in practicing acupuncture without training. Of course, we will remain on-guard for whatever necessitates our next course of action. Oregon has recently taken this battle to the courts; we hope to avoid a similar course of action.

To be complete, there is a core truth that our community needs to face; one that is not new and comes to light again in this current struggle. The situation we are facing did not arise *de novo*. It arose out of the public lack of understanding as to how "acupuncture" fits into the greater body of Chinese medical practice, as well as what Chinese medicine is in general. It arose out of a complete ignorance of the broad scope of conditions acupuncture can treat when applied in conjunction with proper health practices, herbs, and auxiliary techniques. Remember, "the public" includes not just the "person on the street", it includes legislators, regulators, and other health professionals. It was due to a lack of exposure to what we do that the ILFDR did not immediately realize that PTs were requesting to practice acupuncture without an acupuncture license.

Each and every licensed acupuncturist needs to be part of the effort to educate the public about this medicine, and we need to do this through coordinated efforts. If our community remains splintered or splinters further; if we do not understand the need for practice acts and our own certifying agencies (i.e. NCCAOM, ACAOM); if we rail against demanding high educational standards and professionalism; if we seek to remain in the shadows outside of the system; if we ourselves pursue the addition of techniques to our scope for which we have no sufficient training and which are not rooted in Chinese medicine (e.g. homeopathy); and, if we do

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not find ways to define, name, and explain who we are that are not based in the single treatment technique of "acupuncture", then not only will the systematic dismantling of the profession continue, but we will have contributed to that demise.

The individuals currently in your professional associations have been working diligently, as volunteers, to preserve the integrity of the field. Yet, the number of "hands-on-deck" remains too low to proceed to preemptive action. Ideally, we could see the coordinated development of a true not-for-profit organization solely devoted to education of the public. It would be vital however, that any such

effort be undertaken in coordination with legislative efforts already in place and growing, as well as informed by the national agenda. The acupuncture community should vehemently rally against any effort to further splinter collective efforts. It should be sensitive to whether intentions are towards qi gathering or qi dispersing. ILAOM and AAAOM with the noteworthy actions of also the NCCAOM are your representatives and gateways to strengthening your profession. If you are new to this field, you must become aware of how fragile our practice opportunities are, and how challenging it is for many to become established and to earn a living. Only through participation can we hope to change the current situation. Thank you to those of you who have already leant a hand!



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**TAB 5:**

**AMERICAN ASSOCIATION OF  
ACUPUNCTURE & ORIENTAL MEDICINE  
POSITION PAPER ON DRY NEEDLING**

"No standards of education have been validly determined to assure that Physical Therapists (PT) using [Trigger Point Dry Needling] are providing the public with a safe and effective product."



May 17, 2011

American Association of  
Acupuncture & Oriental Medicine

## **American Association of Acupuncture and Oriental Medicine (AAAOM) Position Statement on Trigger Point Dry Needling (TDN) and Intramuscular Manual Therapy (IMT)**

1. Acupuncture as a technique is the stimulation of specific anatomical locations on the body, alone or in combination, to treat disease, pain, and dysfunction.
2. Acupuncture as a technique includes the invasive or non-invasive stimulation of said locations by means of needles or other thermal, electrical, light, mechanical or manual therapeutic method.
3. Acupuncture as a field of practice is defined by the study of how the various acupuncture techniques can be applied to health and wellness.
4. Trigger Point Dry Needling and Intramuscular Manual therapy are by definition acupuncture techniques.
5. Trigger Point Dry Needling and Intramuscular Manual Therapy are by definition included in the Field of Acupuncture as a field of practice.

**The AAAOM endorses the educational standards set for the practice of Acupuncture by the United States Department of Education recognized Accreditation Commission of Acupuncture and Oriental Medicine (ACAOM).**

**The AAAOM endorses the Institute for Credentialing Excellence (ICE)'s National Commission on Certifying Agencies (NCCA) recognized certification standards set forth by the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM).**

Recently, it has come to the attention of the AAAOM that regulatory boards have started to recognize Acupuncture by other names, such as "dry needling" and "trigger point dry needling." Forty-four (six pending) states plus the District of Columbia have already statutorily defined Acupuncture and most have defined the educational and certification standards required for licensure by the widely accepted aforementioned standards. Current medical literature is consistent with the definitions of Acupuncture provided by the state practice acts and the AAAOM, which clearly identifies "dry needling" as Acupuncture.<sup>1 2 3 4 5 6 7 8 9 10 11 12 13</sup>

Trigger Point Dry Needling and Intramuscular Manual Therapy are re-titlings and re-packagings of a subset of the acupuncture techniques described in the Field of Acupuncture as "*ashi* point needling." A reasonable English translation of *ashi* points is "trigger points", a term used by Dr. Janet Travell in her landmark 1983 book *Myofascial Pain Dysfunction: The Trigger Point Manual*<sup>6</sup>. Dorsher et al<sup>4</sup>, determined that of the 255 trigger points, listed by Travell and Simons, 234 (92%) had anatomic correspondence with classical, miscellaneous, or new Acupuncture points listed in Deadman et al<sup>7</sup>.

Other authorities describe dry needling as Acupuncture. Mark Seem discussed dry needling in *A New American Acupuncture* in 1993<sup>8</sup>. Matt Callison describes dry needling in his *Motor Points Index*<sup>9</sup> as does Whitfield Reaves in *The Acupuncture Handbook of Sports Injuries and Pain: A Four Step Approach to Treatment*<sup>10</sup>. Yun-tao Ma, author of *Biomedical Acupuncture for Sports and Trauma Rehabilitation Dry Needling Techniques*, describes dry needling as Acupuncture and provides a rich historical explanation<sup>11</sup>. Chan Gunn sought to create language more readily accepted in the West in a 1980 article<sup>12</sup>. These examples make it clear that there is a literary tradition in the Field of Acupuncture that uses the term "dry needling" as a synonym for a specific, previously established Acupuncture technique.

The AAAOM has the following additional specific concerns: 1) No standards of education have been validly determined to assure that Physical Therapists (PT) using TDN are providing the public with a safe and effective product; 2) There is a clear effort to redefine identical medical procedures and thereby circumvent or obscure





May 17, 2011

American Association of  
Acupuncture & Oriental Medicine

established rules and regulations regarding practice; and 3) In many states, addition of TDN to PT practice is a scope expansion that should require legislative process, not a determination by a PT Board.

The U.S. Department of Education recognizes ACAOM as the sole accrediting agency for Acupuncture training institutions as well as their Master's and Doctoral Degree programs.<sup>13 14</sup> Training in Acupuncture, which has been rigorously refined over the course of hundreds of years internationally and forty years domestically, is well established and designed to support safe and effective practice.<sup>15 16</sup> Attempts to circumvent Acupuncture training standards, licensing or regulatory laws by administratively retitling acupuncture as "dry needling" or any other name is confusing to the public, misleading and creates a significant endangerment to public welfare.

The actual risk has already been investigated by at least one malpractice insurance company that has stated it will cancel policies for Physical Therapists "engaging in a medical procedure for which they have no adequate education or training."<sup>17</sup> Recent actions by state medical regulatory authorities have identified and acted upon the aforementioned risk.<sup>3</sup>

In conclusion, the AAAOM strongly urges legislators, regulators, advisory boards, advocates of public safety, and medical professional associations to carefully consider the impact of these actions.

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<sup>1</sup> <http://www.ncbi.nlm.nih.gov/pubmed/15108608>

<sup>2</sup> [http://www.Acupuncture.org.au/zone\\_files/Download\\_Icons/jing-luo\\_march\\_2011\\_web.pdf](http://www.Acupuncture.org.au/zone_files/Download_Icons/jing-luo_march_2011_web.pdf) pg. 10

<sup>3</sup> <http://www.aaaom.com/wp-content/uploads/2010/06/DryNeedling.pdf>

<sup>4</sup> Dorsher PT. *Trigger Points And Acupuncture Points: Anatomic And Clinical Correlations*. Medical Acupuncture. 2006;17(3).

<sup>5</sup> Deadman P, Al-Khafaji M, Baker K. *A Manual of Acupuncture*. Kingham, Oxfordshire Journal of Chinese Medicine Publications; 1998.

<sup>6</sup> Travell J, Simons D. *Myofascial Pain Dysfunction: The Trigger Point Manual*. Philadelphia, PA: Lippincott Williams & Wilkins; 1983.

<sup>7</sup> Deadman P, Al-Khafaji M, Baker K. *A Manual of Acupuncture*. Kingham, Oxfordshire Journal of Chinese Medicine Publications

<sup>8</sup> Seem M. *A New American Acupuncture: Acupuncture Osteopathy, the Myofascial Release of the Bodymind*. Boulder, CO: Blue Poppy Press; 1993.

<sup>9</sup> Callison M. *Motor Point Index: An Acupuncturist's Guide to Locating and Treating Motor Points* San Diego, CA: AcuSport Seminar Series LLC; 2007.

<sup>10</sup> Reaves W, Bong C. *The Acupuncture Handbook of Sports Injuries & Pain*. Boulder, CO: Hidden Needle Press; 2009.

<sup>11</sup> Ma, Yun-tao. *Biomedical Acupuncture for Sports and Trauma Rehabilitation Dry Needling Techniques*. New York: Elsevier; 2010.

<sup>12</sup> Gunn CC, Milbrandt WE, Little AS, Mason KE. *Dry Needling of Muscle Motor Points for Chronic Low-Back Pain: A Randomized Clinical Trial With Long-Term Follow-Up*. Spine. 1980;5(3):279-91.

<sup>13</sup> <http://ope.ed.gov/accreditation/>

<sup>14</sup> <http://www.aaaom.org/about/>

<sup>15</sup> <http://www.aaaom.org/documents/accreditation-manual.pdf>

<sup>16</sup> <http://www.nccaom.org/applicants/eligibility-requirements>

<sup>17</sup> Letter from Allied Professional Services [on file at AAAOM]

**TAB 6:**

**COUNCIL OF COLLEGES OF ACUPUNCTURE AND ORIENTAL MEDICINE  
POSITION PAPER ON DRY NEEDLING**

"It is the position of the CCAOM that any intervention utilizing dry needling is the practice of acupuncture, regardless of the language utilized in describing the technique."



Council of Colleges of  
Acupuncture and Oriental Medicine

## **Council of Colleges of Acupuncture and Oriental Medicine<sup>\*</sup>**

### **Position Paper on Dry Needling**

**It is the position of the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) that dry needling is an acupuncture technique.**

#### **Rationale**

A recent trend in the expansion in the scopes of practice of western trained health professionals to include “dry needling” has resulted in redefining acupuncture and re-framing acupuncture techniques in western biomedical language. Advancement and integration of medical technique across professions is a recognized progression. However, the aspirations of one profession should not be used to redefine another established profession.

In addition proponents of “dry needling” by non-acupuncture professionals are attempting to expand trigger point dry needling to any systemic treatment using acupuncture needles and whole body treatment that includes dry needling by using western anatomical nomenclature to describe these techniques. It is the position of the CCAOM that these treatment techniques are the *de facto* practice of acupuncture, not just the adoption of a technique of treatment.

#### **Terminology**

The invasive procedure of dry needling has been used synonymously with the following terms:

**Trigger Point Dry Needling**

**Manual Trigger Point Therapy, when using dry needling**

**Intramuscular Dry Needling**

**Intramuscular Manual Therapy, when using dry needling**

**Intramuscular Stimulation, when using dry needling**

#### **History**

The system of medicine derived from China has a centuries-long continuous distinct practice with an extensive literature over 2000 years old. After President Nixon’s visit to China in the early 1970s, public interest in and demand for

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<sup>\*</sup> Contact Person: Valerie Hobbs, MSOM, LAc ([VHobbs@acupuncturecollege.edu](mailto:VHobbs@acupuncturecollege.edu)).

acupuncture resulted in the establishment of first-professional degrees in acupuncture in the United States. Today over 50 accredited<sup>1</sup> first-professional colleges teach a diversity of styles of health care utilizing acupuncture, Chinese herbology, manual techniques such as tuina (Chinese therapeutic massage), nutrition, and exercise/breathing therapy. Individuals who attain this degree undergo a rigorous training program at a minimum standard of three academic years that contains 450 hours in biomedical science (biology, anatomy, physiology, western pathology, and pharmacology), 90 hours in patient counseling and practice management, and 1365 hours in acupuncture. Of the 1365 hours in acupuncture, 660 hours must be clinical hours.

Acupuncture is a system of medicine that utilizes needles to achieve therapeutic effect. The language used to describe and understand this effect is not limited and is articulated in both traditional and modern scientific terms. The National Institutes of Health has recognized the efficacy of acupuncture in its consensus statement of 1997<sup>2</sup> and continued funding of research. It is clear that other professions such as physical therapy and others also recognize the efficacy of acupuncture and its various representations such as dry needling due to the fact that they are attempting to use acupuncture and rename it as a physical therapy technique.

### **Dry needling is an acupuncture technique**

As a system of treatment for pain, acupuncture relies on a category of points derived from the Chinese language as “*ashi*” (阿是) points. “*Ashi*” point theory describes the same physiological phenomenon identified as “trigger points,” a phrase coined by Dr Janet Travell<sup>3</sup> and dates to the Tang Dynasty (618-907). While Dr. Travell coined the phrase “trigger point”, the physiological phenomenon has been long known to acupuncturists. Dr. Travell herself had contact with acupuncturists and chiropractors interested in acupuncture in the Los Angeles area in the 1980s. Dr. Mark Seem, author of *A New American Acupuncture*<sup>4</sup>, discussed the similarity of their techniques in the 1990s.<sup>5</sup>

Modern contributors from the field of acupuncture in the specialization of dry needling techniques are:

Dr. Mark Seem, Ph. D., L. Ac., published the textbook *A New American Acupuncture* covering the topic of dry needling in 1993. His books have been published for over two decades.

Matt Callison, L. Ac., is the founder of the Sports Medicine Acupuncture® certification program and the author of *Motor Points Index*. The continuing education certification program is available to licensed acupuncturists through a private seminar company and through postgraduate studies at the New England School of Acupuncture.

Whitfield Reaves, L. Ac. is the author of *The Acupuncture Handbook of Sports Injuries and Pain: A Four Step Approach to Treatment*. He also offers a

postgraduate continuing education program in Sports Acupuncture only for licensed acupuncturists.

From the above sources it is apparent that acupuncture has an established history of using treatment utilizing what are now labeled trigger points.

### **Documented practice of “dry needling” by acupuncturists**

The National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM), the certifying board for acupuncture, completed a job task analysis in 2003 and again in 2008. The analysis documented the prevalence of actual use of dry needling techniques, i.e. the treatment of trigger points or motor points with acupuncture needles, by practicing acupuncturists. In 2003, 82% of acupuncturists surveyed used needling of trigger points in patients that presented with pain. Of the patients that present for acupuncture treatment, it is estimated that 56% present with trigger point pain. The others present for non-pain conditions such as non-trigger point pain, digestive disorders, infertility and many other conditions. The other 18% of acupuncturists used acupuncture needling techniques in non-trigger point locations. These findings document that acupuncturists are well trained to use and have consistent historical usage of trigger and motor point “dry needling” treatment. Dry needling represents a substantial daily practice among American acupuncturists.

### **History of “dry needling” in North America**

Dr. Chan Gunn, M.D., is the founder of dry needling in Canada. He wrote in 1976, “As a first step toward acceptance of acupuncture by the medical profession, it is suggested that a new system of acupuncture locus nomenclature be introduced, relating them to known neural structures.”<sup>6</sup> One may reasonably infer from this statement that Dr. Gunn believed that in order for acupuncture to be accepted in Western medicine, the technique would need to be redefined. Using a different name for the same technique does not rise to the level of creating a new technique. Dr. Chan Gunn’s dry needling seminars are only four days in length.

Jan Dommerholt has published extensively on the technique and teaches dry needling to both western trained health professionals and licensed acupuncturists, but his teaching has been focused on the profession of Physical Therapy (PT). He argues that dry needling is a new emerging western technique described in western scientific terms. He is also attempting to redefine acupuncture based solely on eastern esoteric concepts.

A current author and provider of dry needling courses, Yun-tao Ma, Ph.D., extends dry needling beyond trigger points to include acupuncture points. He describes the points according to the neuroanatomical location and effects and calls them “Acu reflex” points. It is this adaptation and renaming of acupuncture to provide total body treatment that poses the greatest risk to the public, as it circumvents established standards for identical practice, i.e., acupuncture, without the rigorous training of acupuncture and the licensing of such.

**It is the position of the CCAOM that any intervention utilizing dry needling is the practice of acupuncture, regardless of the language utilized in describing the technique.**

#### **State Board of Medicine complaints against acupuncturists for dry needling**

In 2009, a physical therapist submitted a complaint to the Maryland Board of Acupuncture concerning the use of the term dry needling in chart notes by an acupuncturist. The Maryland Board of Acupuncture correctly dismissed the complaint because the procedure was done by a licensed acupuncturist trained in the use of dry needling, *i.e.*, acupuncture.

In filing the complaint, the physical therapist was not asserting that the acupuncturist caused any harm or potential of harm to the patient. Rather, the physical therapist asserted that the acupuncturist used proprietary language that was unique to physical therapy, when in fact the acupuncturist was using language that was common across professions. The Little Hoover Commission, in its 2004 report to the California legislature concluded, "interactions with other health care providers, including collaboration and referrals, as well as with many members of the public, benefit from the use of common, Western-based diagnostic terminology"<sup>7</sup>

#### **Summary Position of the CCAOM on Dry Needling**

**It is the position of the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) that dry needling is an acupuncture technique.**

**It is the position of the CCAOM that any intervention utilizing dry needling is the practice of acupuncture, regardless of the language utilized in describing the technique.**

Adopted November 2010  
Updated May 2011

<sup>1</sup> The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) is recognized by the U.S. Department of Education to accredit colleges of acupuncture and Oriental medicine and authorizes such colleges to confer Master's level first-professional degrees.

<sup>2</sup> <http://consensus.nih.gov/1997/1997Acupuncture107html.htm>.

<sup>3</sup> Travel, Janet G., and David G. Simons. Myofascial pain dysfunction: the trigger point manual. Lippincott Williams & Wilkins, 1983, Print.

<sup>4</sup> Seem, Mark. A new American acupuncture: acupuncture osteopathy, the myofascial release of the bodymind. Blue Poppy Press, 1993. Print.

<sup>5</sup> Private communication of October, 2007 with Whitfield Reaves, L. Ac., who attended study groups with Dr. Travell in the 1980s, and in a letter from Dr. Mark Seem to Jan Dommerholt November 11, 2007. Seem relates his invitation and demonstration of acupuncture "dry needling" techniques to Dr. Travell in New York City in the 1990s.

<sup>6</sup> Gunn, CC, Ditchburn FG, King MH, Renwick GJ, *Acupuncture loci: a proposal for their classification according to their relationship to known neural structures*, Am J Chin Med, 1976 Summer; 4(2): 183-95.

<sup>7</sup> Milton Marks "Little Hoover" commission on California State Government Organization and Economy by the UCSF Center for the Health Professions, *Acupuncture in California: Study of Scope of Practice*, May 2004, pg. 13.

**TAB 7:**

**NATIONAL CERTIFICATION COMMISSION FOR  
ACUPUNCTURE AND ORIENTAL MEDICINE  
RESPONSE TO DRY NEEDLING**

"We highly recommend that physical therapists meet the *same* standard for education and examination that licensed acupuncturists must meet in order to practice safely and effectively in the state of Illinois."





*Public Protection Through Quality Credentials*

June 13, 2011

Mary J. Rogel, Ph.D., Dipl. Ac. (NCCAOM), L.Ac.  
Chairperson  
Illinois Board of Acupuncture  
James R. Thompson Center  
100 W. Randolph St., Suite 9-300  
Chicago, IL 60601

Dear Dr. Rogel:

It has come to our attention that your office is reviewing whether an acupuncture technique known as "dry needling" falls within the definition of the practice of physical therapy in the state of Illinois. As the only national organization that has its certification programs accredited by the National Commission for Competency Assessment (NCCA), the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM<sup>®</sup>) assures entry-level competency of individuals entering the profession of acupuncture and Oriental (AOM) medicine. The NCCAOM; therefore, has serious concerns regarding any regulation that allows physical therapists (PTs) without proper training and assessment to practice any form of acupuncture, including dry needling.

Dry needling has been defined as a form of acupuncture by NCCAOM certified and licensed practitioners who use it as part of their medicine. Illinois requires acupuncturists who practice dry needling and other forms of acupuncture to meet recognized standards of competence and safety through a rigorous competency verification process to include completing education from a school accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) and the passing of three separate NCCAOM examinations for the Certification of Acupuncture.

The mission of the NCCAOM is to establish, assess, and promote recognized standards of competence and safety in acupuncture and Oriental medicine for the protection and benefit of the public. In order to fulfill this mission, NCCAOM has developed a certification process that provides a unified set of nationally verified, entry-level standards for safe and competent

National Certification Commission for Acupuncture and Oriental Medicine  
76 South Laura Street, Suite 1290 / Jacksonville, FL 32202 USA  
904-598-1005-main / 904-598-5001-fax / [www.nccaom.org](http://www.nccaom.org)

practice. It is with this high level of standards that certified acupuncturists are qualified to practice dry needling. Unlike certified acupuncturists who received thousands of hours of training in many methods of acupuncture, PTs do not have a required curriculum for teaching dry needling to PTs. In addition, PTs do not have to successfully complete any assessments for the safe and competent practice of dry needling. This insufficient education and lack of an assessment of competence is not representative of the training that is necessary for the entry-level competence for any form of acupuncture, including dry needling. In fact, any new rule based on this lack of standards would directly contradict the licensing requirements that already exist in Illinois related to regulating the practice of acupuncture. Existing requirements for licensed acupuncturists include completion of an *accredited* education program and achieving NCCAOM Certification in Acupuncture, which includes passing examinations in Acupuncture with Point Location, Foundations of Oriental Medicine, and Biomedicine as well as documentation of an assessment-based clean needle technique certificate.

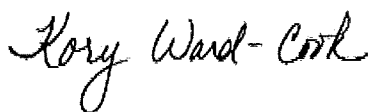
We consider the NCCAOM standards of eligibility, as well as successful performance on the examinations, to be the minimum requirements for the safe practice of all forms of acupuncture including dry needling. The level of competence accomplished by those completing the didactic, clinical, and practice hours attained by certified and licensed practitioners cannot be matched by those who would be practicing this form of acupuncture with hardly any training or assessment in this field. The practice of dry needling is more than merely placing needles at various points for different conditions. For this reason, the years of education and training that have been specified must be completed before a full comprehension of acupuncture diagnoses and treatments can be attained, and it is only from such a knowledge base that acupuncture's full efficacy and value can be realized by the public.

The NCCAOM is pleased to see that the great state of Illinois recognizes the need for adequate licensing procedures for all health care practitioners. Clearly, acupuncture, dry needling and other complementary and alternative therapies will be part of the health care landscape in years to come, as evidenced by recent studies and recommendations by the National Institutes of Health. It is the sincere hope of the NCCAOM that, in the interest of public welfare, the Illinois

Division of Professional Regulation will recognize established standards of professional competence in the practice of acupuncture and Oriental medicine in Illinois for the safety of its consumers. We highly recommend that physical therapists meet the *same* standard for education and examination that licensed acupuncturists must meet in order to practice safely and effectively in the state of Illinois.

I hope you will find this information valuable. Please consider the NCCAOM as a resource for current information about the standards of competence and practice within the field of acupuncture and Oriental medicine. Please feel free to contact me by phone 904-674-2501 or by email, [kwardcook@thenccaom.org](mailto:kwardcook@thenccaom.org), if I can offer further information on this topic.

Sincerely,

A handwritten signature in cursive script that reads "Kory Ward-Cook".

Kory Ward-Cook, Ph.D., MT(ASCP), CAE  
Chief Executive Officer

cc: NCCAOM Board of Commissioners  
Illinois Association of Acupuncture and Oriental Medicine

**TAB 8:**

**ILLINOIS ACUPUNCTURE FEDERATION  
POSITION PAPER ON DRY NEEDLING IN ILLINOIS**

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"[N]o procedure noted in the Act nor currently practiced by Physical Therapists in Illinois involves the penetration of the dermal barrier. Thus, Trigger Point Dry Needling represents the addition of a technique that is substantially different from any other technique used in the field. This additional technique further carries with it substantial risk of patient injury in the hands of untrained practitioners, including but not limited to organ puncture and infection."

# The Illinois Acupuncture Federation

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- Asian American Acupuncture Association
- Illinois Association of Acupuncture and Oriental Medicine
- Korean American Acupuncture Association
- Pacific College of Oriental Medicine

## **Position Statement on Dry Needling in Illinois June 2011**

It has come to our attention that recently the Illinois Physical Therapy Licensing and Disciplinary Committee has determined or is considering to determine that Trigger Point Dry Needling (AKA Intramuscular Manual therapy) is within the scope of practice for Physical Therapists in the State of Illinois.<sup>1</sup> It is the position of the Illinois Acupuncture Federation that this determination exceeds the scope of authority for any individual ILDFPR Board, and in fact represents an expansion of scope for a profession, thereby necessitating that this change be enacted via proper legislative procedure.

Rationale: Per the Acupuncture Practice Act, Section 10, "Definitions", Acupuncture is clearly defined as:

"...The evaluation or treatment of persons affected through a method of stimulation of a certain point or points on or immediately below the surface of the body by the insertion of pre-sterilized, single-use, disposable needles, unless medically contraindicated, with or without the application of heat, electronic stimulation, or manual pressure to prevent or modify the perception of pain, to normalize physiological functions, or for the treatment of certain diseases or dysfunctions of the body..."

Per the Acupuncture Practice Act, only Licensed Acupuncturists and individuals licensed under the Medical Practice Act of 1987 are permitted to practice Acupuncture in the State of Illinois. Trigger Point Dry Needling uses acupuncture needles, inserted into the body, to cause muscle fasciculation for the purpose of alleviating pain and dysfunction. Therefore, under Illinois law, "Trigger Point Dry Needling" is "Acupuncture". The practice of Acupuncture by Physical Therapists violates the Acupuncture Practice Act. Therefore, the practice of Trigger Point Dry Needling by Physical Therapists violates the Acupuncture Practice Act. Simply renaming and rebranding "Acupuncture" as "Trigger Point Dry Needling" does not make it a unique technique. (Please refer to the AAAOM position statement on this issue for more information.)

Furthermore, while the Physical Therapy Act does not specifically exclude invasive procedures, no procedure noted in the Act nor currently practiced by Physical Therapists in Illinois involves the penetration of the dermal barrier. Thus, Trigger Point Dry Needling represents the addition of a technique that is substantially different from any other

technique used in the field. This additional technique further carries with it substantial risk of patient injury in the hands of untrained practitioners, including but not limited to organ puncture and infection.

The National Chiropractic Council (NCC), a federal risk purchasing group which purchases physical therapy malpractice insurance on a group basis, states in a letter dated November 18, 2009 that this type of Board-related approval of the inclusion of this technique into the scope of practice of Physical Therapists is "not only overreaching but almost irresponsible and dangerous." They conclude, looking at the risk/benefit ratios and the lack of supervision and established standards for training in the use of acupuncture in this manner, that, "the NCC will not provide malpractice insurance for any physical therapist who inserts needles and/or utilizes the technique of dry needling."

While the IAF recognizes that professions often have overlap in techniques used, because of Illinois State definitions and determinations that define an entire licensed profession ("Licensed Acupuncturist"), this expansion effectively serves to remove any barriers to the practice of that profession by another professional group, who will have at best minimal if any regulation or monitoring of safety or quality. It renders meaningless the stringent requirements placed on one group to practice acupuncture (including national certification by the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM), the completion of Clean Needle Technique training, 1500-3000 hours of training in accredited programs of Acupuncture and Oriental Medicine, and on-going maintenance of continuing education), and arbitrarily allows another group to practice should they self-determine that they are qualified.

This move to add what is by State definition "Acupuncture" to the scope of practice of Physical Therapists in Illinois opens a door to public harm and misrepresentation, and further serves to confuse the public about safeties they have come to expect and standards for practice they deserve to have in place. It underscores that while one professional group is required to demonstrate excellence and prove on-going competence in this field, another group can effectively do whatever they choose. For the protection of the public safety and for the preservation of the legal integrity of the practice act structure in Illinois, it must be beyond the scope of authority for this change to occur via Board determination alone. As stated in the very introduction to the Acupuncture Practice Act, "It is...declared to be a matter of public interest and concern that the practice of acupuncture as defined in this Act merit and receive the confidence of the public, and that only qualified persons be authorized to practice acupuncture in the State of Illinois." This allowance sabotages any semblance of confidence. The practice of Acupuncture by Physical Therapists, by whatever name is being used for the procedure, should cease and desist.

Contact: Illinois Acupuncture Federation, [ilacufed@hotmail.com](mailto:ilacufed@hotmail.com)

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<sup>1</sup> <http://www.idfpr.com/Forms/Professions/031511PTAGMEMO.pdf>

**TAB 9:**

**NEVADA BOARD OF PHYSICAL THERAPY EXAMINERS  
RULING ON PHYSICAL THERAPY COURSE ON DRY NEEDLING**

"The Board unanimously denied the course stating that dry needling is not within scope of practice."

JIM GIBBONS  
Governor

STATE OF NEVADA



STAFF  
ALLISON TRESCA  
Executive Director  
MURIEL MORIN  
Licensing Assistant

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CEFERINO VILLAFUERTE, PT, MBA

BOARD OF PHYSICAL THERAPY EXAMINERS

810 S. Durango Drive, Suite 109  
Las Vegas, Nevada 89145

October 8, 2008

Global Education of Manual Therapists  
361 N. 18<sup>th</sup> Court  
Brighton, CO 80601

Dear Ms. Poladsky:

The Nevada State Board of Physical Therapy Examiners addressed your request to approve the course entitled "Trigger Point Dry Needling". This letter will memorialize the Board's decision made at their October 2, 2008 meeting.

As you know, the Advisory Committee on Continuing Education denied the course and referred it to the Board for final determination. The Board reviewed the materials you provided and discussed your request at length. The Board unanimously denied the course stating that dry needling is not within scope of practice.

If you have any questions, please feel free to call the Board office.

Sincerely,

A handwritten signature in cursive script, appearing to read "A. Tresca".

Allison Tresca  
Executive Director

/at





**TAB 10**

**ILLINOIS CHIROPRACTIC SOCIETY LETTER ON DRY NEEDLING**



February 22, 2012

Brent E. Adams, Secretary  
Jay Stewart, Director  
Illinois Department of Financial and Professional Regulation  
100 West Randolph Street, 9th Floor  
Chicago, Illinois 60601

Re: Interpretation of Physical Therapy Act – Dry Needling

Dear Secretary Adams and Director Stewart:

As physicians licensed under the Medical Practice Act, the members of the Illinois Chiropractic Society (ICS) wish to express their objection to the Department's statement that "dry needling" is within the scope of physical therapy. The ICS believes that the definition of "physical therapy" in the Physical Therapy Act cannot support such a conclusion and respectfully asks that you issue a reversal.

We have been advised that IDFPR believes physical therapists may perform "dry needling" because part of the definition of "physical therapy" in the Physical Therapy Act, found at 225 ILCS 90/1(1)(B,) includes:

B) Alleviating impairments, functional limitations, or disabilities by designing, implementing, and modifying therapeutic interventions that may include, but are not limited to, the evaluation or treatment of a person through the use of the effective properties of physical measures and heat, cold, light, water, radiant energy, electricity, sound, and air and use of therapeutic massage, therapeutic exercise, mobilization, and rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental impairment, functional limitation, or disability.

It is difficult to imagine how the use of heat, cold, light, water, radiant energy, electricity, sound, air and use of massage, exercise, mobilization and rehabilitative procedures could be interpreted to include the use of needles inserted into the skin. While the ICS understands that legislation is not designed to list every specific procedure within professional scope, clearly this interpretation goes beyond the plain meaning and intent of this legislation. Moreover, the Act does not contain any other provision that would permit this conclusion.

The ICS believes that the Department has effectively expanded physical therapy scope, which is within the province of the legislature. For that reason we respectfully ask that the Department reconsider its statement and issue a public reversal. The ICS appreciates your consideration of this matter and looks forward to a prompt resolution.

Sincerely,

Marc Abila, CAE  
Executive Director, Illinois Chiropractic Society

**FSBPT Dry Needling Resource Paper**  
*(Intramuscular Manual Therapy)*  
**4<sup>th</sup> edition**

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**Federation of State Boards of Physical Therapy**  
**Contact Person – Leslie Adrian, PT, MS, MPA, Director of Professional Standards**

**July 2013**  
*Original publication: March 8, 2010*

The FSBPT would encourage review of the information in this resource paper in order to determine whether intramuscular manual therapy (dry needling) is within the scope of practice for a physical therapist for the jurisdiction in question. The information presented in this paper will provide some background and evidence on which the state licensing authority may wish to base the decision regarding scope of practice.

# Dry Needling Resource Paper

## Preface

The volume of activity in the states from 2010-2013 regarding Dry Needling or Intramuscular Manual Therapy (terms which may be used synonymously) has necessitated annual updates of the Federation of State Boards of Physical Therapy (FSBPT) original resource paper published in March 2010. Many boards have been approached to give an opinion as to the ability for physical therapists in that jurisdiction to legally perform dry needling. As each state is independent to determine its own laws and rules, board opinions and actions have varied widely creating inconsistent requirements for physical therapy practice from state to state.

## Introduction

It is not unusual for a state licensing board to be asked for an opinion as to whether or not an evaluative technique, treatment, or procedure is within the scope of practice for that given profession. It is as important to base regulation on evidence, when possible, as it is to base practice on evidence. The FSBPT would encourage review of the information in this resource paper in order to determine whether dry needling is within the scope of the physical therapist for the jurisdiction in question. The information presented in this paper will provide some background and evidence on which the state licensing authority may wish to base the decision regarding scope of practice.

The practice act in the state is the final authority on what is included in the scope of practice of a profession. Physical Therapy practice acts are by design non-specific and ambiguous; the details of the law are fleshed out with the applicable regulations. The practice act is rarely written with a laundry list of procedures, tests, or measures that a Physical Therapist is allowed to perform, thus making it very susceptible to different interpretations. The respective state board writes rules and regulations based on that statutory authority to give practical meaning to the law. As many specifics are not found in law, many state boards of PT have been approached for a judgment as to whether or not a certain intervention or procedure is within the scope of PT practice in that jurisdiction. Certainly, new and evolving procedures are rarely, if ever, specifically addressed in the practice act.

State boards are often faced with opposition when another professional group claims the activity in question as their own. However, it is very clear that no single profession owns any procedure or intervention. Overlap among professions is expected and necessary for access to high quality care.

*One activity does not define a profession, but it is the entire scope of activities within the practice that makes any particular profession unique. Simply because a skill or activity is within one profession's skill set does not mean another profession cannot and should not include it in its own scope of practice.<sup>1</sup>*

The FSBPT (FSBPT) collaborated with five other healthcare regulatory organizations to publish ***Changes in Healthcare Professions Scope of Practice: Legislative Considerations***. These organizations present the argument that if a profession can provide supportive evidence in the four foundational areas: Historical Basis, Education and Training, Evidence, and Regulatory Environment, then the proposed changes are likely to be in the public's best interest. A more developed investigation of the four foundational areas is found below.<sup>2</sup>

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<sup>1</sup> *Changes in Healthcare Professions Scope of Practice: Legislative Considerations*. Revised 10/2009, page 9.

<sup>2</sup> Ibid, page 12-13.

1. ***Is there a historical basis for adding the activity in question to the scope of practice?***
  - a. Has there been an evolution of the profession towards the addition of the new skill or service?
  - b. What is the evidence of this evolution?
  - c. How does the new skill or service fit within or enhance a current area of expertise?
2. ***Is there evidence of education and training which supports the addition of the activity in question to the scope of practice?***
  - a. Does current entry-level education prepare practitioners to perform this skill as their experience increases?
  - b. If the change in scope is an advanced skill that would not be tested on the entry-level licensure examination, how is competence in the new technique assured?
  - c. What competence measures are available and what is the validity of these measures?
  - d. Are there training programs within the profession for obtaining the new skill or technique?
  - e. Are standards and criteria established for these programs? Who develops these standards? How and by whom are these programs evaluated against these standards?
3. ***What is the evidence which supports the addition of the activity in question to the scope of practice?***
  - a. Is there evidence within the profession related to the particular procedures and skills involved in the changes in scope?
  - b. Is there evidence that the procedure or skill is beneficial to public health?
4. ***What is the regulatory environment in the jurisdiction?***
  - a. Is the regulatory board authorized to develop rules related to a changed or expanded scope?
  - b. Is the board able to determine the assessment mechanisms for determining if an individual professional is competent to perform the task?
  - c. Is the board able to determine the standards that training programs should be based on?
  - d. Does the board have sufficient authority to discipline any practitioner who performs the task or skill incorrectly or might likely harm a patient?
  - e. Have standards of practice been developed for the new task or skill?
  - f. How has the education, training and assessment within the profession expanded to include the knowledge base, skill set and judgments required to perform the tasks and skills?
  - g. What measures will be in place to assure competence?

## **Dry Needling- terms**

Dry needling continuing education and use as an intervention has grown dramatically in the last few years, but overall, is still a relatively unique part of physical therapy practice. Dry needling is also known as intramuscular manual therapy, trigger point dry needling, or intramuscular needling. Beginning in 2009, the American Physical Therapy Association had recommended the use of the term "intramuscular manual therapy" to describe the intervention provided by physical therapists, however since late 2011, the organization advocates using dry needling as the term of choice.

The term dry needling may be confusing and have different meanings depending upon the audience. In the past, "dry needling" was more of an adjective, referring to the fact that nothing was injected with the needle; the term has evolved into meaning an intervention which has certain physiological effects from the insertion and placement of the needles. However, many groups still debate the proper term and exact definition to describe this intervention.

The World Health Organization (WHO) has published a number of reports on acupuncture. Specifically, the report discussing traditional medicine refers to dry needling in acupuncture, but in context, the reference is comparing needling alone with needling in conjunction with complements such as laser, TENS, and electro-acupuncture.<sup>3</sup> The WHO report is not describing dry needling in the same context as intramuscular manual therapy or trigger point dry needling. Many of the World Health Organization's reports regarding acupuncture including "Acupuncture: Review and Analysis of Reports on Controlled Clinical Trials," do not contain the term dry needling at all.<sup>4 5 6</sup>

## Definitions

- Dry Needling (Intramuscular Manual Therapy) is a technique using the insertion of a solid filament needle, without medication, into or through the skin to treat various impairments including, but not limited to: scarring, myofascial pain, motor recruitment and muscle firing problems. Goals for treatment vary from pain relief, increased extensibility of scar tissue to the improvement of neuromuscular firing patterns.
- Physical therapy is defined in the **FSBPT Model Practice Act for Physical Therapy** as "the care and services provided by or under the direction and supervision of a physical therapist who is licensed pursuant to this [act]. The term "physiotherapy" shall be synonymous with "physical therapy" pursuant to this [act]."<sup>7</sup>

Physical therapists have a long history of treating myofascial pain and trigger points. Dry needling is an intervention to address these problems. It is not the sole intervention, merely a tool used by PTs. The needle insertion is used to create a twitch response in the muscle to help promote relaxation of the fibers; there is no use of energy flow or meridians. Physical therapists **do not** use dry needling to address things such as fertility, smoking cessation, allergies, depression or other non-neuro-musculoskeletal conditions.

- Acupuncture definitions vary widely. Acupuncture is defined in the Delaware and Florida statutes as follows:

"Acupuncture" refers to a form of health care, based on a theory of energetic physiology that describes and explains the interrelationship of the body organs or functions with an associated acupuncture point or combination of points located on "channels" or "meridians." Acupuncture points shall include the classical points defined in authoritative acupuncture texts and special groupings of acupuncture points elicited using generally accepted diagnostic techniques of oriental medicine and selected for stimulation in accord with its principles and practices. Acupuncture points are stimulated in order to restore the normal function of the aforementioned organs or sets of functions. Acupuncture shall also include the ancillary techniques of oriental medicine including moxibustion, acupressure or other forms of manual meridian therapy and recommendations that include oriental

<sup>3</sup>Report Second Consultation Meeting On Traditional And Modern Medicine: Harmonizing The Two Approaches. World Health Organization. April 2004. P. 7.

<sup>4</sup>Acupuncture: Review And Analysis Of Reports On Controlled Clinical Trials. World Health Organization.

<sup>5</sup>International Standard Terminologies on Traditional Medicine in the Western Pacific Region. World Health Organization

<sup>6</sup>Guidelines on Basic Training and Safety in Acupuncture. World Health Organization. 1996.

<sup>7</sup>The Model Practice Act for Physical Therapy: A Tool for Public Protection and Legislative Change. p. 1.

dietary therapy, supplements and lifestyle modifications according to the principles of oriental medicine.<sup>8</sup>

"Acupuncture" means a form of primary health care, based on traditional Chinese medical concepts and modern oriental medical techniques, that employs acupuncture diagnosis and treatment, as well as adjunctive therapies and diagnostic techniques, for the promotion, maintenance, and restoration of health and the prevention of disease. Acupuncture shall include, but not be limited to, the insertion of acupuncture needles and the application of moxibustion to specific areas of the human body and the use of electroacupuncture, Qi Gong, oriental massage, herbal therapy, dietary guidelines, and other adjunctive therapies, as defined by board rule.<sup>9</sup>

Overall, an important distinction is that acupuncture is an entire discipline and profession where as dry needling is merely one technique which should be available to any professional with the appropriate background and training.

## The Question of Acupuncture

In December 2010, the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) authored a position paper on dry needling and distributed it to the state boards of physical therapy and acupuncture throughout the United States. The CCAOM has taken the position to affirm the history of dry needling as an acupuncture technique. The CCAOM asserts that dry needling, beyond the sole needling of trigger points, is the practice of acupuncture regardless of whether it is called dry needling or intramuscular manual therapy. State boards may want to explore this CCAOM paper further in order to familiarize themselves with counter-arguments to including dry needling in the scope of PT practice.

Currently, some overlap exists between the physical therapy and acupuncture professions which can be demonstrated both in law and in practice. The Oregon statutory definition of the practice of acupuncture includes many treatment interventions such as therapeutic exercise, manual therapy techniques including massage, electrotherapeutic modalities, physical agents and mechanical modalities that are also found in the FSBPT's **Model Practice Act** and the American Physical Therapy Association's **Guide to Physical Therapist Practice**.<sup>10</sup>

*"Acupuncture" includes the treatment method of moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.*

*(b) The practice of acupuncture also includes the following modalities as authorized by the Oregon Medical Board:*

*(A) Traditional and modern techniques of diagnosis and evaluation;*

*(B) Oriental massage, exercise and related therapeutic methods;<sup>11</sup>*

<sup>8</sup> Delaware State Code. TITLE 24 Professions and Occupations. CHAPTER 17 MEDICAL PRACTICE ACT. Subchapter X. Acupuncture Practitioners

<sup>9</sup> Florida State Code. Title XXXII Regulation of Professions and Occupations. Chapter 457 Acupuncture. 457.102

<sup>10</sup> Guide to Physical Therapist Practice. 2<sup>nd</sup> ed. Phys Ther. 2001, 81:9-744.

<sup>11</sup> Oregon Revised Statutes. Chapter 677 – Regulation of Medicine, Podiatry and Acupuncture. 677.757 Definitions. 2009.

*"Practice of physical therapy" means:*

- 1. Examining, evaluating and testing individuals with mechanical, physiological and developmental impairments, functional limitations, and disabilities or other health and movement-related conditions in order to determine a diagnosis, prognosis and plan of treatment intervention, and to assess the ongoing effects of intervention.*
- 2. Alleviating impairments, functional limitations and disabilities by designing, implementing and modifying treatment interventions that may include, but are not limited to: therapeutic exercise, functional training in self-care and in home, community or work integration or reintegration, manual therapy including soft tissue and joint mobilization/manipulation, therapeutic massage, prescription, application and, as appropriate, fabrication of assistive, adaptive, orthotic, prosthetic, protective and supportive devices and equipment, airway clearance techniques, integumentary protection and repair techniques, debridement and wound care, physical agents or modalities, mechanical and electrotherapeutic modalities, and patient-related instruction.<sup>12</sup>*

Acupressure is a complementary medicine technique derived from acupuncture. In acupressure, physical pressure is applied to acupuncture points by the practitioner's hand, elbow, or with various devices. Clinically, physical therapists often utilize sustained, direct pressure for the relief of trigger points and pain.

The accepted premise must be that overlap occurs among professions. The question for the state board should only be whether or not dry needling is within the scope of practice of physical therapy, not determining whether it is part of acupuncture.

PTs using dry needling:

- do not and cannot claim to practice acupuncture,
- do not use acupuncture traditional Chinese medicine theories, meridian acupoints and terminology,
- do not use acupuncture diagnosis like tongue and pulse

As demonstrated in the definition of the practice of acupuncture from the Oregon statute, needle techniques are only a piece of the acupuncturist's full scope of practice. It is not the specific individual procedures, but the totality of a scope which defines a profession. Acupuncturists and physical therapists continue to have unique scopes of practice even with the overlap of some of the treatment techniques. It is completely reasonable for the acupuncture profession to want to protect the title and term *acupuncturist* or *acupuncture* as much as physical therapy profession protects *physical therapist* and *physical therapy*. Qualified, competent physical therapists that perform dry needling should not hold themselves out as providing acupuncture services. Qualified, competent acupuncturists instructing a client in traditional, oriental exercise should not hold themselves out as a physical therapist. Protection of titles and terms are important from a public protection standpoint in that people need to be clear as to the qualifications of their practitioner of choice as well as his/her profession.

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<sup>12</sup> The Model Practice Act for Physical Therapy. A Tool for Public Protection and Legislative Change. 4<sup>th</sup> edition. FSBPT. 2006.



## Professional Association Support

American Academy of Orthopedic Manual Physical Therapists: October 2009 position statement supporting intramuscular/dry needling as being within the scope of PT practice

- **Position:**

*It is the Position of the AAOMPT that dry needling is within the scope of physical therapist practice.*

- **Support Statement:**

*Dry needling is a neurophysiological evidence-based treatment technique that requires effective manual assessment of the neuromuscular system. Physical therapists are well trained to utilize dry needling in conjunction with manual physical therapy interventions. Research supports that dry needling improves pain control, reduces muscle tension, normalizes biochemical and electrical dysfunction of motor endplates, and facilitates an accelerated return to active rehabilitation<sup>13</sup>*

American Physical Therapy Association: In January 2012, APTA published an educational resource paper titled **Physical Therapists & the Performance of Dry Needling**. According to the paper, the document was meant to provide background information for state chapters, regulatory entities, and providers who are dealing with the issue of dry needling. In February 2013, APTA published a second paper regarding dry needling titled **Description of Dry Needling in Clinical Practice: an Educational Resource Paper**. Currently, there are no HOD or BOD policies on dry needling, however this is not unusual; there are no HOD or BOD policies at APTA on the ability of a physical therapist to perform any specific intervention. At this time, dry needling the decision has been made that sufficient evidence exists to include dry needling in the next edition of the *Guide to Physical Therapist Practice*.

## Legislative and Regulatory Decisions

FSBPT: Although the FSBPT Model Practice Act does not specifically mention dry needling, there is nothing to specifically exclude the technique. The following section from the Model Practice Act would be relevant in the discussion regarding dry needling:

*Other procedures that might be addressed in rules are whether physical therapists can use certain machines and perform procedures such as electroneuromyography, needle EMG, dry needling, etc. that are not specifically addressed in the statutory language.<sup>14</sup>*

### State Legislation:

As of May 2012, Georgia is the first and only state to introduce and pass a bill that adds dry needling to the practice act of physical therapists. The Georgia State Board of Physical Therapy had ruled previous to the statute change that dry needling was in the scope of physical therapy practice. However, language in the acupuncture practice act was inserted that specifically states dry needling is a technique of the practice of acupuncture. As the practice of acupuncture is regulated in Georgia by the Georgia Medical Composite Board, and the Physical Therapy Board found that dry needling is appropriate in physical therapy, the Board of Physical Therapy and Medical Board met to discuss dry needling. The boards seemed to have found common ground as the Georgia Physical Therapy

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<sup>13</sup> <http://aaompt.org/members/statements.cfm>

<sup>14</sup> Model Practice Act for Physical Therapy, p. 59.

Association and the Physical Therapy Board introduced the bill and the Medical Board did not oppose. On April 19, 2011, the Georgia bill passed and was sent to the governor for signature. The governor signed the legislation into law; no other state physical therapy practice acts specifically mention dry needling or intramuscular manual therapy.

There is one state that specifically cannot allow dry needling based on its statute. Hawaii's practice act specifically prohibits physical therapists from puncturing the skin for any purpose. The Florida physical therapy practice act contains language (see bold below) which is confusing and ambiguous on the topic of dry needling. The law specifically excludes penetrating the skin in the performance of acupuncture, however since dry needling may be one tool utilized by acupuncturists, the law could be interpreted to mean PTs cannot perform dry needling. The Florida Physical Therapy Board has not yet taken up the issue of whether or not dry needling is allowed by PTs under the statute.

"Practice of physical therapy" means the performance of physical therapy assessments and the treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other condition of health, and rehabilitation as related thereto by the use of the physical, chemical, and other properties of air; electricity; exercise; massage; **the performance of acupuncture only upon compliance with the criteria set forth by the Board of Medicine, when no penetration of the skin occurs;**<sup>15</sup>

## Current State Rulings

Based on 53 jurisdictions (DC, Puerto Rico and the Virgin Islands). See Appendix A for state and specific language.

|                      |    |
|----------------------|----|
| Specifically Allowed | 26 |
| Not Prohibited       | 2  |
| Unresolved           | 5  |
| No position          | 11 |
| Prohibited           | 9  |

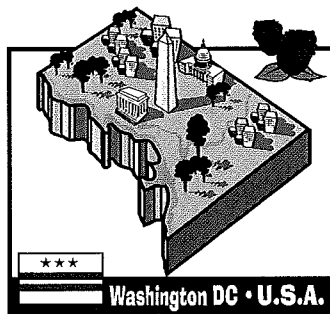
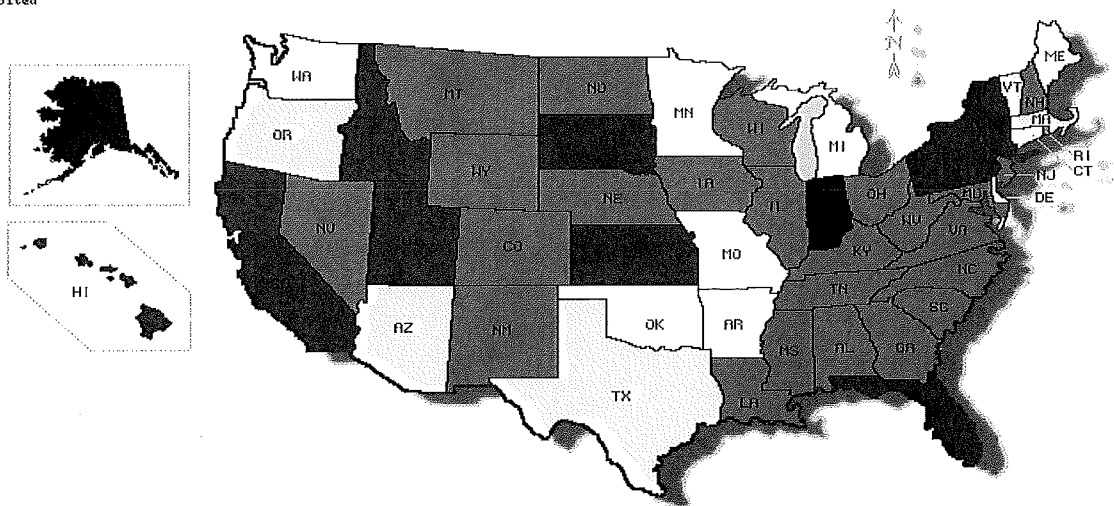
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<sup>15</sup> Florida Statute. Chapter 468. Physical Therapy Practice.

## DRY NEEDLING IN THE USA (AS OF 7/1/2013)

DRY NEEDLING IN THE USA (Map as of 7/11/2013)

- - Specifically Allowed
- - Not Prohibited
- Caution
- - Prohibited



District of Columbia- specifically allowed

In 1989, Maryland became the first jurisdiction to allow dry needling. However, after 20+ years of physical therapists performing dry needling in Maryland, in August 2010 the state acupuncture board requested an Attorney General opinion on two subjects: 1. whether or not dry needling falls within the definition of the practice of physical therapy and 2. the appropriateness of the Board of Physical Therapy Examiners to include it in the scope of practice of PTs without legislation. This opinion was requested in the absence of any specific complaint of

harm being filed against any PTs with the licensing board. The Maryland AG reframed the critical question to being “whether dry needling falls within the scope of practice of physical therapy, regardless of whether it would also fall within the scope of practice of acupuncture.”<sup>16</sup> The Attorney General’s opinion was that dry needling could fall within the scope of physical therapy as use of a mechanical device, however, the “Maryland Physical Therapy Board’s informal statement that dry needling is consistent with the practice of physical therapy does not carry the force of law, as it is not a regulation adopted pursuant to the State Administrative Procedure Act.”<sup>17</sup> In January 2011, the board of physical therapy began the rule making process for dry needling specifics in the state of Maryland. As of July 2013, the rules on the second round of drafting and have been sent to the Secretary of Health for approval and continue with the promulgation process.

Oregon’s position continues to be under scrutiny however, and may better be described as cautiously neutral at this time. Although ruling in July 2009 that dry needling is likely within the scope of PT practice with the appropriate training, difficulties and unsuccessful attempts at communication with the Oregon Medical Board and Acupuncture Committee have led to the following position since November 2009:

*Upon further discussions the Physical Therapist Licensing Board believes that the dry needling of trigger points is likely within the physical therapist scope of practice (excluding PTAs). The board acknowledges that the dry needling of trigger points is an advanced intervention requiring post physical therapy graduate training and education. Further, the board recommends that the acupuncture committee, physical therapist and medical boards work in partnership with their professional associations to define a minimum competency by which a physical therapist can safely practice the intervention of dry needling of trigger points. In the interest of public safety, until training and education can be determined, the board strongly advises its licensees to not perform dry needling of trigger points.*<sup>18</sup>

The Oregon Physical Therapy Board continues to reach out to the Medical Board and Acupuncture Committee to help in the development of the list of competencies required for PTs to perform dry needling, but have received no positive response from either entity. Oregon is colored yellow in the following map as there is some question surrounding their status. Additionally, Arizona, Indiana, Texas, and Vermont are all “yellow states” as they have been identified in other resources as allowing PTs to do dry needling, however they are unable to be substantiated by this author (VT). The administrator of the Texas Executive Council of Physical Therapy & Occupational Therapy Examiners contacted FSBPT after the release of the 1<sup>st</sup> edition of this paper to clarify that Texas does not have an official position and is legally not allowed to offer advisory opinions; however, the board has made no determination that dry needling is outside the scope of practice for PTs.

The Commonwealth of Massachusetts is also embroiled in heated discussions over dry needling by physical therapists. The Board of Registration in Medicine, who is over the acupuncturists disagree with the initial ruling by the Board of Allied Health (includes PT) that dry needling is within the scope of practice of PTs. After much public outcry from the acupuncture community, the decision was suspended by upper levels of the executive branch until more discussions could take place between the interested parties and other stakeholders. At this time, the decision stands at an impasse as both groups maintain their positions on the issue.

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<sup>16</sup> Attorney General Opinion. State of Maryland, Office of the Attorney General. August 17, 2010.

<sup>17</sup> Ibid.

<sup>18</sup> <http://www.oregon.gov/PTBrd/docs/Current.Topics/Board.Statement.Relevant.to.Dry.Needling.pdf>

Dry needling is also accepted as being within the scope of physical therapy practice in many countries, including Australia, Belgium, Canada, Chile, Denmark, Ireland, the Netherlands, New Zealand, Norway, South Africa, Spain, and the United Kingdom, among others.

## **Recommended training requirements for PTs to use dry needling**

States that allow dry needling are only allowing it to be performed by licensed physical therapists and not the support personnel.

There are currently no consistent profession-wide standards/competencies defined for the performance of dry needling. Each state has defined what the requirements will be in that state. See Appendix B for state-by-state guidelines.

## **Historical Basis and Education (as of July 2013)**

Although for a different purpose, physical therapists have a historical basis for needle insertion with the practice of EMG and NCV testing. At this time, laws in 46 states would allow PTs to perform needle electromyography and nerve conduction velocity testing.<sup>19</sup> Although the language and requirements vary, California, Florida, Kentucky, Missouri, New Hampshire, Oklahoma, Pennsylvania, Washington, and West Virginia have specific protection in statute for physical therapists to perform EMGs. North Carolina and Texas utilize administrative rule to authorize PTs to perform EMGs. An opinion from the Kentucky board specifically addresses EMG by fine wire insertion and affirms that these tests are within the scope of a physical therapist.<sup>20</sup> South Carolina also has a statement regarding performance of needle EMG.<sup>21</sup> The law in Oklahoma specifically defines the practice of physical therapy to include invasive and noninvasive techniques.

*"Physical therapy" means the use of selected knowledge and skills in planning, organizing and directing programs for the care of individuals whose ability to function is impaired or threatened by disease or injury, encompassing preventive measures, screening, tests in aid of diagnosis by a licensed doctor of medicine, osteopathy, chiropractic, dentistry or podiatry, or a physician assistant, and evaluation and invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular and cardiopulmonary function, as it relates to physical therapy.<sup>22</sup>*

At this time, dry needling is not being taught in most entry-level physical therapy programs with the exception of Georgia State University, Mercer University, University of St. Augustine for Health Sciences, and the Army physical therapy program at Baylor. Other universities including the Ola Grimsby Institute are considering adding dry needling to the curriculum of both the advanced and entry level educational programs. Dry needling is also included in the Mercer University physical therapy residency program. Internationally, dry needling is being taught at many universities. In most educational programs for physical therapists, the needling technique is learned in conjunction with evaluation of the myofascial trigger points and used as a part of the patient's overall treatment plan.

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<sup>19</sup> American Physical Therapy Association. State Affairs memorandum on review of EMG in the States.

<sup>20</sup> <http://www.pt.ky.gov/NR/rdonlyres/4D460291-23A1-43E3-AFF3-DEE7506DF149/0/Electromyography.pdf>

<sup>21</sup> <http://www.llr.state.sc.us/POL/PhysicalTherapy/index.asp?file=PT%20Positions/electro.htm>

<sup>22</sup> State Of Oklahoma Physical Therapy Practice Act. Title 59 O.S., Sections 887.2

The Commission on Accreditation in Physical Therapy Education (CAPTE) criteria requires the physical therapist professional curriculum to include content and learning experiences in the behavioral, biological and physical, and clinical sciences necessary for initial practice of the profession.<sup>23</sup> The entry-level curriculum must demonstrate inclusion of many topics which should provide a strong foundation to the understanding and performance of intramuscular manual therapy such as anatomy/cellular biology, physiology, neuroscience, pathology, pharmacology; study of systems including cardiovascular, pulmonary, integumentary, musculoskeletal, and neuromuscular; communication, ethics and values, teaching and learning, clinical reasoning, and evidence-based practice.

Dry needling education purposefully does not include the basic tenets of acupuncture training such as Chinese medicine philosophy, meridians, qi, or diagnosis via tongue inspection, as the technique and its rationale have no basis in oriental medicine. Dry needling is based primarily on the work of Dr. Janet Travell, a pioneer in trigger point research and treatment. According to the World Health Organization's **Guidelines on Basic Training and Safety in Acupuncture**, the basic study of acupuncture should include:<sup>24</sup>

- Philosophy of traditional Chinese medicine, including but not limited to concepts of *yin-yang* and the five phases.
- Functions of *qi*, blood, mind, essence and body fluids, as well as their relationship to one another.
- Physiological and pathological manifestations of *zang-fu* (visceral organs) and their relationship to one another.
- Meridians and collaterals, their distribution and functions.
- Causes and mechanisms of illness.

Overwhelmingly, physical therapists are getting instruction in dry needling through continuing education. The following is a partial list of common continuing education courses offered on the topic:

| Course Title                       | Education Sponsor | Website   | Description  |
|------------------------------------|-------------------|---|--|
| Trigger Point Dry Needling Level 1 | Therapy Concepts  | <a href="http://www.therapyconceptsinc.com/events.php#2">http://www.therapyconceptsinc.com/events.php#2</a> | This three day course introduces Trigger Point Dry Needling as an intervention for treating a variety of diagnoses. In the Level I course participants are introduced to the theory and physiology of myofascial trigger points, and the history of dry needling. Anatomy of each muscle will be reviewed, including the trigger points and their corresponding referral patterns. The muscle groups included in the level I course are the cervical and lumbar spine, hip, lower extremity, shoulder and forearm. This course be limited to 20 participants and attendees will need to provide a current CV with continuing education courses listed, and a copy of their license, in order to be considered for participation in this course. All participants must have a minimum of 2 years of experience. |
| Trigger Point                      | Therapy           | <a href="http://www.therap">http://www.therap</a>   | This three day course is a continuation of the Level 1 course  |

<sup>23</sup> Commission on Accreditation in Physical Therapy Education. Accreditation Handbook. Effective January 1, 2006; revised 5/07, 10/07, 4/09 p. B28-B29.

<sup>24</sup> **Guidelines on Basic Training and Safety in Acupuncture.** World Health Organization. 1996. Pages 7-8.

|  |   |   |   |
|--|---|---|---|
| Dry Needling Level 2   | Concepts                                      | <a href="http://yconceptsinc.com/events.php#2">yconceptsinc.com/events.php#2</a>  | and consists of a combination of lecture, testing, demonstration and a large amount of hands-on laboratory sessions. This course will address the anterior neck, head and face, thoracic spine and rib cage, hand, foot and other more challenging musculature. Get the full course description by clicking on the link below. NOTE: the Friday portion of the course will be held from 12 noon until 8 pm, the Saturday and Sunday portion will be from 8 am to 5 pm. All three days will have meal breaks that are on your own.   |
| Systemic Integrative Dry Needling Course Pain Management, Sports and Trauma Rehabilitation |   | <a href="http://www.dryneedlingcourse.com/dry_needling_course.htm">http://www.dryneedlingcourse.com/dry_needling_course.htm</a>   | 100 hour home study and 3-day intensive and practical seminar   |
| Trigger Point Dry Needling Level I Training  | GEMt – Global Education for Manual therapists | <a href="http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html">http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html</a> | An introductory course for evaluation and treatment of neuromyofascial pain and dysfunction present in the acute and chronic population. Instruction will include evaluation and application of dry needling of neuromyofascial trigger points for musculature which is considered appropriate at the introductory level of training. This three day course (27.5 contact hours) consists of a combination of lecture, testing, demonstration and a large amount of hands-on laboratory sessions. Trigger point dry needling (TDN), will be presented as a tool to evaluate and treat the neuromuscular system. Both the Gunn and Travell & Simons' techniques will be discussed and demonstrated. Supporting research will be presented and discussed. Treatment safety will be evaluated throughout the course. |
| Dry Needling Level 2 Training  | Global Education for Manual therapists        | <a href="http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html">http://www.gemtinfo.com/physical-therapy/Trigger-Point-Dry-Needling-Level-I-Training/page17.html</a> | An advanced course which builds upon the techniques learned in the Level I course. Participants are required to take the introductory Level I course and fulfill specific requirements prior to becoming eligible for this course. Topics to be covered include advanced musculature and extensive techniques, application of techniques for specific diagnoses, and further review of supporting research.   |
| Dry Needling   | Myopain Seminars                              | <a href="http://www.myopainseminars.com">www.myopainseminars.com</a>  | Multiple level seminars on dry needling. 104 hours of training, followed by theoretical and practical examinations  |

## Dry Needling Evidence-based Practice

There are numerous scientific studies to support the use of dry needling for a variety of conditions.<sup>25</sup> Supporting textbooks include:

- Dommerholt J, Huijbregts PA, Myofascial trigger points: pathophysiology and evidence-informed diagnosis and management Boston: Jones & Bartlett 2011
- *The Gunn approach to the treatment of chronic pain*. Gunn, C.C., Second ed. 1997, New York: Churchill Livingstone.
- *Travell and Simons' myofascial pain and dysfunction; the trigger point manual*. Simons, D.G., J.G. Travell, and L.S. Simons, 2 ed. Vol. 1. 1999, Baltimore: Williams & Wilkins.

A literature search regarding intramuscular manual therapy or dry needling yields extensive results. Numerous research studies have been performed and published in a variety of sources. In addition to the references contained in this paper, the following is just a small sample:

- Dommerholt, J., O. Mayoral, and C. Gröbli, *Trigger point dry needling*. J Manual Manipulative Ther, 2006. 14(4): p. E70-E87.
- Lewit, K., *The needle effect in the relief of myofascial pain*. Pain, 1979. 6: p. 83-90.
- Intramuscular Stimulation (IMS) - The Technique By: C. Chan Gunn, MD (<http://www.istop.org/papers/imspaper.pdf>)
- Dommerholt, J., *Dry needling in orthopedic physical therapy practice*. Orthop Phys Ther Practice, 2004. 16(3): p. 15-20.
- Baldry, P.E., *Acupuncture, Trigger Points and Musculoskeletal Pain*. 2005, Edinburgh: Churchill Livingstone.
- Dommerholt, J. and R. Gerwin, D., *Neurophysiological effects of trigger point needling therapies*, in *Diagnosis and management of tension type and cervicogenic headache*, C. Fernández de las Peñas, L. Arendt-Nielsen, and R.D. Gerwin, Editors. 2010, Jones & Bartlett: Boston. p. 247-259.
- Simons, D.G. and J. Dommerholt, *Myofascial pain syndrome - trigger points*. J Musculoskeletal Pain, 2007. 15(1): p. 63-79.
- Furlan A, Tulder M, Cherkin D, Tsukayama H, Lao L, Koes B, Berman B, *Acupuncture and Dry-Needling for Low Back Pain: An Updated Systematic Review Within the Framework of the Cochrane Collaboration*. Spine 30(8): p. 944-963, 2005.

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<sup>25</sup> Dommerholt, J., O. Mayoral, and C. Gröbli, *Trigger point dry needling*. J Manual Manipulative Ther, 2006. 14(4): p. E70-E87.



- White A, Foster NE, Cummings M, Barlas P, Acupuncture treatment for chronic knee pain: a systematic review. *Rheumatology (Oxford)* 46(3): p. 384-90, 2007.
- Chu, J., et al., *Electrical twitch obtaining intramuscular stimulation (ETOIMS) for myofascial pain syndrome in a football player*. *Br J Sports Med*, 2004. **38**(5): p. E25.

Typically the literature refers to dry needling or acupuncture, and in some cases specifically looks at the effectiveness of acupuncture and dry needling, suggesting indeed that a difference exists.<sup>26</sup> Overall, the literature suggests and supports dry needling/intramuscular manual therapy as a safe, effective, viable treatment option for patients.

Dry needling has been practiced by physical therapists for over 20 years with minimal numbers of adverse effects reported. The most common side effects include post-needling soreness and minor hematomas. The FSBPT's Examination, Licensure and Disciplinary Database (ELDD) has no entries in any jurisdiction of discipline for harm caused by dry needling performed by physical therapists.

Many American providers of dry needling, with multiple course providers in Europe, have established a physical therapy-only, voluntary, web-based registry in Switzerland for reporting adverse effects. This registry currently includes two reports of pneumothoraces, a severe autonomic response of one patient, but no other "severe" side effects.<sup>27</sup> The administrators of this registry admit that it is underutilized. Additionally, the literature does not report serious injury or harm from intramuscular needling performed by a physical therapist.

## Conclusion

Returning to the four tenets from *Changes in Healthcare Professions Scope of Practice: Legislative Considerations* on which to base scope of practice decisions and summarizing the information above, it appears that there is a historical basis, available education and training as well as an educational foundation in the CAPTE criteria, and supportive scientific evidence for including dry needling in the scope of practice of physical therapists. The education, training and assessment within the profession of physical therapy include the knowledge base and skill set required to perform the tasks and skills with sound judgment. It is also clear; however, that dry needling is not an entry-level skill and should require additional training.<sup>28 29</sup>

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<sup>26</sup> Furlan A, Tulder M, Cherkin D, Tsukayama H, Lao L, Koes B, Berman B, Acupuncture and Dry-Needling for Low Back Pain: An Updated Systematic Review Within the Framework of the Cochrane Collaboration. *Spine* 30(8): p. 944-963, 2005.

<sup>27</sup> Dummerholt, J., Unpublished data. January 2010.

<sup>28</sup> ACTIVITIES PERFORMED BY ENTRY-LEVEL PHYSICAL THERAPISTS IDENTIFIED DURING THE 2006 ANALYSIS OF PRACTICE. FSBPT. 2006-2007.

<sup>29</sup> Knapp, D, Russell, L, Byrum, C. and Waters, S. *Entry-Level Practice Analysis Update for Physical Therapist Licensure Examinations Offered by the FSBPT*. Human Resources Research Organization. February 14, 2007.

When considering the scope of practice decision, the regulatory environment in each jurisdiction will vary dramatically. However, recognizing that intramuscular manual therapy is not an entry-level skill, the jurisdictional boards that are authorized to develop rules related to determining if an intervention is within scope of practice must determine the mechanisms for determining that a physical therapist is competent to perform the task. To ensure public protection the board should also have sufficient authority to discipline any practitioner who performs the task or skill without proper training, incorrectly, or in a manner that might likely harm a patient.

## Appendix A: States and Specific Dry Needling

| State | Y: Allows<br>N: Does not<br>allow | Other Information   |
|-------|-----------------------------------|---|
| AK    | Y                                 | April 24, 2012 letter to Alex Kay, PT regarding performance of dry needling.<br><i>Paraphrase:</i> The board will not address specific treatment approaches by licensure; however, expect the professionalism of the clinician to determine if they are qualified to provide the type of treatment in question or whether referral is more appropriate. The PT will be held accountable for demonstrating this competence if there is ever a complaint.   |
| AL    | Y                                 | Board minutes October 23, 2007:<br>Acupuncture & Dry Needling does fall within the scope of practice for physical therapy.  |
| AZ    | -                                 | Claimed by some resources to have approved dry needling for PTs, discussion with the board reports no official position is taken as the board is unable to provide advisory opinions.   |
| CA    | N                                 |   |
| CO    | Y                                 | In rules  |
| DC    | Y                                 | In rules  |
| FL    | N                                 | Florida physical therapy practice act contains language which specifically excludes penetrating the skin in the performance of acupuncture:<br><br><b>"Practice of physical therapy" means the performance of physical therapy assessments and the treatment of any disability, injury, disease, or other health condition of human beings, or the prevention of such disability, injury, disease, or other condition of health, and rehabilitation as related thereto by the use of the physical, chemical, and other properties of air; electricity; exercise; massage; the performance of acupuncture only upon compliance with the criteria set forth by the Board of Medicine, when no penetration of the skin occurs;</b> <sup>30</sup><br><br>The board has not yet taken up the issue of whether or not dry needling is acupuncture. For now, this statute prohibits dry needling in Florida. |
| GA    | Y                                 | 2011 Dry needling added to GA PT practice act; only state to have in statute  |

<sup>30</sup> Florida Statute. Chapter 468. Physical Therapy Practice.

| State | Y: Allows<br>N: Does not<br>allow | Other Information  |
|-------|-----------------------------------|--|
| HI    | N                                 | Physical therapists, by statute, are not allowed to puncture the skin of a patient for any purpose   |
| IA    | Y                                 | From 9/2010 Board of PT meeting minutes: In answer to a licensee's question regarding whether PTs may perform dry needling. Board determines that it does not appear to be prohibited.   |
| ID    | N                                 |  |
| IL    | Y                                 | Aug 2010 verbal opinion from the IL Dept. of professional regulation legal counsel that dry needling was not prohibited by the IL physical therapy practice act  |
| IN    | -                                 | Claimed by some resources to have approved dry needling for PTs, minutes from Board meeting August 2012 state that "Indiana does not take a position on needling...The current statute is open and does not specifically state whether or not it is appropriate." Not prohibited, but not endorsed either.   |
| KS    | N                                 | <p><b>Kansas Board of Healing Arts Board Minutes</b></p> <p><b>C. Dry Needling:</b> Mr. Anshutz and Mr. Riley (disciplinary attorneys of the Board of Healing Arts) stated that they believe Dry Needling is another name for acupuncture and the board only regulates acupuncture in the ND practice act. Several acupuncturists came before the board at the August 8, 2010, meeting and it is expected they will go the legislature to become regulated. Dry needling does not fit any of the modalities that are included in the PT practice act and could only be included as an experimental treatment if done through one of the teaching universities and based on research</p>  |
| KY    | Y                                 | <p>March 18, 2010</p> <p>Opinion and Declaratory ruling regarding state law governing dry needling therapy by the Kentucky Board of Physical Therapy.</p> <p>The board is of the opinion dry needling is within the scope of the practice of "physical therapy" as defined in Kentucky law by the General Assembly at KRS 327.010(1). Dry needling is a treatment used to improve neuromuscular function. As such it falls within the definition of physical therapy as defined under KRS 327:010 (1) "Physical therapy" means the use of selected knowledge and skills ...invasive or noninvasive procedures with emphasis on the skeletal system, neuromuscular, and cardiopulmonary function, as it relates to physical therapy. There is nothing in KRS Chapter 327 to prohibit a licensed physical therapist from performing dry needling so long as the physical therapist is competent in performing this intervention.</p> <p>While dry needling is within the scope of practice of physical therapy, a physical therapist must practice only those procedures that the physical therapist is competent to perform. The board can discipline a physical therapist for "engaging or permitting the performance of substandard patient care by himself or by persons working under their supervision due to a deliberate or negligent act or failure to act, regardless of whether</p> |

| State | Y: Allows<br>N: Does not<br>allow | Other Information  |
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|       |                                   | actual injury to the patient is established." KRS 327.070(2).  |
| LA    | Y                                 | Within the Scope of Practice of PT; board regulations  |
| MD    | Y                                 | In January 2011, the board of physical therapy began the rule making process for dry needling specifics in the state of Maryland. Regulations are still in proposed stage. Aug 27, 2010 MD Attorney General's opinion was that dry needling could fall within the scope of physical therapy as use of a mechanical device, however, the "Maryland Physical Therapy Board's informal statement that dry needling is consistent with the practice of physical therapy does not carry the force of law, as it is not a regulation adopted pursuant to the State Administrative Procedure Act." Currently rules to regulate dry needling are going through promulgation. |
| MS    | Y                                 | Board Minutes 2/2012: The Mississippi State Board of Physical Therapy considers that intramuscular manual therapy techniques are within the physical therapist scope of practice and is in the process of developing more specific competence requirements. The Attorney General has affirmed that the MS Board of PT was acting within its power to determine that dry needling was within scope of practice of PT.   |
| MT    | Y                                 | The Montana Board of Physical Therapy has determined that trigger point dry needling is within the scope of practice for physical therapists. The board has formed a committee to begin the process of setting rules for trigger point dry needling which met for the first time June 30, 2011 and their work continues presently.   |
| NH    | Y                                 | <b>PT Board MINUTES of October 19, 2011:</b><br>PTs can do dry needling if they have been trained to do so.  |
| NJ    | Y                                 | Sept 2009, Board of PT determined dry needling is within the scope of practice of PTs. Currently being looked at by the Division of Consumer Affairs which may alter the opinion. No written documentation   |
| NM    | Y                                 | March 2000, In a letter dated March 21, 2000, the PT board determined that the PT Act does not prohibit dry needling and that Section 61-12D-3, Paragraph I, Number 2 describing the practice of physical therapy supports that decision.  |
| NC    | Y                                 | In 2010, NC PT Board voted to reverse previous policy which did not allow dry needling by PTs. Dec 9, 2010 Board Position Statement.<br><b>Position:</b> Based on currently available resource information, it is the position of the North Carolina Board of Physical Therapy Examiners that intramuscular manual therapy is within the scope of practice of physical therapists.   |
| ND    | Y                                 | Board meeting May 13, 2013: The board voted to state that "Dry Needling" is within the scope of practice for PT in North Dakota.   |
| NE    | Y                                 | Within the Scope of Practice of PT<br>June 2011 board meeting minutes  |
| NV    | Y                                 | Dry needling is within the SOP of PTs as ruled by NV Board of PT on March 20, 2012. As of April 19, 2012, the PT board legal counsel is writing up the new board Policy on dry needling and once signed by Chairman, Kathy Sidener, dry needling will be permissible by PTs in NV.   |

| State | Y: Allows<br>N: Does not<br>allow | Other Information   |
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| NY    | N                                 | Early 1990s (1992?) and affirmed in 2007 NY State Board issued an opinion at the time that it was not an entry level skill and therefore could not be done.   |
| OH    | Y                                 | In a letter dated January 5, 2007, the OH OT, PT, and ATC Board affirms the position of the PT Section of the board that nothing in the OH PT practice act prohibits a PT from performing dry needling. The letter goes on to read that the PT must demonstrate competency in the modality.   |
| OR    | Y                                 | November 2009: Upon further discussions the Physical Therapist Licensing Board believes that the dry needling of trigger points is likely within the physical therapist scope of practice (excluding PTAs). The board acknowledges that the dry needling of trigger points is an advanced intervention requiring post physical therapy graduate training and education. Further, the board recommends that the acupuncture committee, physical therapist and medical boards work in partnership with their professional associations to define a minimum competency by which a physical therapist can safely practice the intervention of dry needling of trigger points. In the interest of public safety, until training and education can be determined, the board strongly advises its licensees to not perform dry needling of trigger points. |
| PA    | N                                 | PA PT board was advised by legal counsel that dry needling is not within the scope of practice of a PT  |
| RI    | Y                                 | Feb 14, 2012 PT board minutes: Board members revisited the matter of dry needling for intramuscular therapy. A board member questioned if it pertained to other professions, including Acupuncturist. The board administrator related guidance from Atty. Tom Corrigan stating the use of a needle by one profession does not preclude a different profession from having a different use for a needle. Board members comment dry needling is within their scope of practice provided the licensed professional is comfortable trained and has appropriate background knowledge. For licensed physical therapists that are not qualified there are educational seminars they may sign up for and gain the required background and training.   |
| SC    | Y                                 | In an email written in October 2004 in response to a licensee's question regarding scope of practice and dry needling, the Chairperson affirmed that dry needling appears to fall within the SOP of a licensed PT in SC if they are fully trained in its use and comply with all legal and ethical requirements for professional practice in physical therapy.  |
| SD    | N                                 | <p>The South Dakota Board of Medical and Osteopathic Examiners considers procedures involving the breaking or altering of human tissue for diagnostic, palliative or therapeutic medical purposes to be the practice of medicine. The board determines that dry needling is significantly different from "electromyography (EMG)", which the board previously opined was an activity within the scope of practice for a physical therapist.</p> <p><b>Decision:</b></p> <p>The South Dakota Board of Medical and Osteopathic Examiners determined that the procedure known as "dry needling" does not fall within the physical therapist scope of practice as defined in SDCL ch. 36-10.</p>  |

| State | Y: Allows<br>N: Does not<br>allow | Other Information   |
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|       |                                   | This opinion issued by the Board of Medical and Osteopathic Examiners is advisory in nature. It does not constitute an administrative rule or regulation and is intended solely to serve as a guideline for persons registered, licensed, or otherwise regulated by the Board of Medical and Osteopathic Examiners.   |
| TN    | Y                                 | Yes, dry needling is within the SOP<br>August 12, 2011- overturned previous policy that it was not within scope   |
| TX    | -                                 | Texas does not have an official position and is legally not allowed to offer advisory opinions; however, the board has made no determination that dry needling is outside the scope of practice for PTs   |
| UT    | N                                 | The Utah board determined that the addition of dry needling would require a change in the statute and further defining in the rule.   |
| VA    | Y                                 | Updated Board Policy Guidance Document on Aug 26, 2010  |
| VT    | -                                 | Reported by one resource that in February 2012, the Vermont Office of Professional Regulation issued a statement that dry needling is within the scope of physical therapy in that state. Unable to substantiate this claim.  |
| WI    | Y                                 | <p>BOARD MINUTES JULY 2009:</p> <p style="text-align: center;"><b>BOARD DISCUSSION OF DRY NEEDLING</b></p> <p>Statute 448.50 (6) allows for "therapeutic intervention" within the scope of physical therapy. Larry Nosse discussed the use of dry needling as a therapeutic technique. This process uses sterile techniques, the surface skin is cleaned, it does not draw blood, and the physical therapists are trained in blood-body precautions. Mark Shropshire noted that the American Academy of Orthopedic and Manual Physical Therapists has made a position statement that dry needling is within the scope of practice of physical therapy. California, Nevada, Tennessee, and Florida do not allow this technique within the scope of practice within physical therapy because these states have language noting that PTs cannot puncture the skin.</p> <p><b>MOTION:</b> Otto Cordero moved, seconded by Jane Stroede, that the board considers trigger point dry needling as within the scope of practice of physical therapy provided that the licensed physical therapist is properly educated and trained. Motion carried unanimously.</p> |
| WV    | Y                                 | July 18, 2012: Opinion of the West Virginia Board of Physical Therapy Regarding Dry Needling Therapy: "In summary, the Board is of the opinion that dry needling is within the scope of the practice of "physical therapy" as defined by West Virginia Code <b>§30-20-9.</b> "  |
| WY    | Y                                 | In a letter dated Aug 18, 2009 the Wyoming Board of Physical Therapy affirmed that nothing in the current practice act would preclude PTs performing dry needling with proper credentials.  |

## Appendix B: Training Guidelines

| STATE | TRAINING REQUIREMENTS  |
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| CO    | <p><b>COLORADO PHYSICAL THERAPY LICENSURE RULES AND REGULATIONS</b></p> <p><b>4 CCR 732-1 RULE 11 - REQUIREMENTS FOR PHYSICAL THERAPISTS TO PERFORM DRY NEEDLING</b></p> <p>A. Dry needling is a physical intervention that uses a filiform needle to stimulate trigger points, diagnose and treat neuromuscular pain and functional movement deficits; is based upon Western medical concepts; requires an examination and diagnosis, and treats specific anatomic entities selected according to physical signs. Dry needling does not include the stimulation of auricular or distal points.</p> <p>B. Dry needling as defined pursuant to this rule is within the scope of practice of physical therapy.</p> <p>C. A physical therapist must have the knowledge, skill, ability, and documented competency to perform an act that is within the physical therapist's scope of practice.</p> <p>D. To be deemed competent to perform dry needling a physical therapist must meet the following requirements:</p> <ol style="list-style-type: none"> <li>1. Documented successful completion of a dry needling course of study. The course must meet the following requirements: <ul style="list-style-type: none"> <li>a. A minimum of 46 hours of face-to-face IMS/dry needling course study; online study is not considered appropriate training.</li> <li>b. Two years of practice as a licensed physical therapist prior to using the dry needling technique.</li> </ul> </li> </ol> <p>E. A provider of a dry needling course of study must meet the educational and clinical prerequisites as defined in this rule, D(1) (a) &amp;(b) and demonstrate a minimum of two years of dry needling practice techniques. The provider is not required to be a physical therapist.</p> <p>F. A physical therapist performing dry needling in his/her practice must have written informed consent for each patient where this technique is used. The patient must sign and receive a copy of the informed consent form. The consent form must, at a minimum, clearly state the following information:</p> <ol style="list-style-type: none"> <li>1. Risks and benefits of dry needling</li> <li>2. Physical therapist's level of education and training in dry needling</li> <li>3. The physical therapist will not stimulate any distal or auricular points during dry needling.</li> </ol> <p>H. When dry needling is performed this must be clearly documented in the procedure notes and must indicate how the patient tolerated the technique as well as the outcome after the procedure.</p> <p>I. Dry needling shall not be delegated and must be directly performed by a qualified, licensed physical therapist.</p> |



| STATE | TRAINING REQUIREMENTS  |
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|       | <p>J. Dry needling must be performed in a manner consistent with generally accepted standards of practice, including clean needle techniques, and standards of the center for communicable diseases.</p> <p>K. The physical therapist must be able to supply written documentation, upon request by the Director, which substantiates appropriate training as required by this rule. Failure to provide written documentation is a violation of this rule, and is prima facie evidence that the physical therapist is not competent and not permitted to perform dry needling.</p> <p>L. This rule is intended to regulate and clarify the scope of practice for physical therapists.</p>  |
| DC    | <p><b>District of Columbia Municipal Regulations Title 17, Chapter 67, Physical Therapy</b></p> <p><b>6715 SCOPE OF PRACTICE</b> A physical therapist may also perform intramuscular manual therapy, which is also known as dry needling, if performed in conformance with the requirements of section 6716.</p> <p><b>6716 REQUIREMENTS FOR PHYSICAL THERAPISTS TO PERFORM INTRAMUSCULAR MANUAL THERAPY</b></p> <p>6716.1 Intramuscular manual therapy may be performed by a licensed physical therapist who meets the requirements of this section.</p> <p>6716.2 Intramuscular manual therapy shall be performed directly by the licensed physical therapist and shall not be delegated.</p> <p>6716.3 Intramuscular manual therapy shall be performed in a manner that is consistent with generally accepted standards of practice, including clean needle techniques, and other applicable standards of the Centers for Disease Control and Prevention.</p> <p>07-01-11 16 Title 17 District of Columbia Municipal Regulations</p> <p>6716.4 Intramuscular manual therapy is an advanced procedure that requires specialized training. A physical therapist shall not perform intramuscular manual therapy in the District of Columbia unless he or she has documented proof of completing:</p> <p>(a) A board-approved professional training program on intramuscular manual therapy. The training program shall require each trainee to demonstrate cognitive and psychomotor knowledge and skills. The training program shall be attended in person by the physical therapist, shall not be attended online or through any other means of distance learning, and shall not be a self-study program</p> <p>(b) A professional training program on intramuscular manual therapy accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE). The training program shall require each trainee to demonstrate cognitive and psychomotor knowledge and skills. The training program shall be attended in person by the physical therapist, shall not be attended online or through any other means of distance learning, and shall not be a self-study program; or</p> <p>(c) Graduate or higher-level coursework in a CAPTE-approved educational program that included</p> |

| STATE | TRAINING REQUIREMENTS  |
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|       | <p>intramuscular manual therapy in the curriculum.</p> <p>6716.5 A physical therapist shall only perform intramuscular manual therapy following an examination and diagnosis, and for the purpose of treating specific anatomic entities selected according to physical signs.</p> <p>6716.6 A physical therapist who performs intramuscular manual therapy shall obtain written informed consent from each patient who will receive intramuscular manual therapy before the physical therapist performs intramuscular manual therapy on the patient.</p> <p>6716.7 The informed consent form shall include, at a minimum, the following:</p> <ul style="list-style-type: none"> <li>(a) The patient's signature;</li> <li>(b) The risks and benefits of intramuscular manual therapy;</li> <li>(c) The physical therapist's level of education and training in intramuscular manual therapy; and</li> <li>(d) A clearly and conspicuously written statement that the patient is not receiving acupuncture.</li> </ul> <p>6716.8 A physical therapist who performs intramuscular manual therapy shall maintain a separate procedure note in the patient's chart for each intramuscular manual therapy. The note shall indicate how the patient tolerated the intervention as well as the outcome after the intramuscular manual therapy.</p> <p>6716.9 A physical therapist who performs intramuscular manual therapy shall be required to produce documentation of meeting the requirements of this section immediately upon request by the board or an agent of the board.</p> <p>6716.10 Failure by a physical therapist to provide written documentation of meeting the training requirements of this section shall be deemed prima facie evidence that the physical therapist is not competent and not permitted to perform intramuscular manual therapy.</p> |
| GA    | Currently drafting rules for the statute.  |
| LA    | <p><b>Subchapter B. General Provisions</b></p> <p><b>§123. Definitions</b></p> <p>A. As used in this Title, the following terms and phrases, defined in the practice act, La. R.S.37:2401–2424, shall have the meanings specified here.</p> <p>Dry Needling—a physical intervention which utilizes filiform needles to stimulate trigger points in a patient's body for the treatment of neuromuscular pain and functional movement deficits. Dry Needling is based upon Western medical concepts and does not rely upon the meridians utilized in acupuncture and other Eastern practices. A physical therapy evaluation will indicate the location, intensity and</p>  |

| STATE | TRAINING REQUIREMENTS  |
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|       | <p>persistence of neuromuscular pain or functional deficiencies in a physical therapy patient and the propriety for utilization of dry needling as a treatment intervention. Dry needling does not include the stimulation of auricular points.</p> <p><b>§311. Treatment with Dry Needling</b></p> <p>A. The purpose of this rule is to establish standards of practice, as authorized by La. R.S. 37:2405 A.(8), for the utilization of dry needling techniques, as defined in §123, in treating patients.</p> <p>B. Dry needling is a physical therapy treatment which requires specialized physical therapy education and training for the utilization of such techniques. Before undertaking dry needling education and training, a PT shall have no less than two years experience working as a licensed PT. Prior to utilizing dry needling techniques in patient treatment, a PT shall provide documentation to the executive director that he has successfully completed a board-approved course of study consisting of no fewer than 50 hours of face-to-face instruction in intramuscular dry needling treatment and safety. Online and other distance learning courses will not satisfy this requirement. Practicing dry needling without compliance with this requirement constitutes unprofessional conduct and subjects a licensee to appropriate discipline by the board.</p> <p>C. In order to obtain board approval for courses of instruction in dry needling, sponsors must document that instructors utilized have had no less than two years experience utilizing such techniques. Instructors need not be physical therapists, but should be licensed or certified as a healthcare provider in the state of their residence.</p> <p>D. A written informed consent form shall be presented to a patient for whom dry needling is being considered, telling the patient of the potential risks and benefits of dry needling. A copy of a completed form shall be preserved in the patient treatment record and another copy given to the patient.</p> <p>E. Dry needling treatment shall be performed in a manner consistent with generally accepted standards of practice, including sterile needle procedures and the standards of the U.S. Centers for Disease Control and Prevention. Treatment notes shall document how the patient tolerated the technique and the outcome of treatments.</p> |
| MD    | Currently drafting   |
| MS    | <p>D. To be deemed competent to perform intramuscular manual therapy a physical therapist must meet the following requirements:</p> <p>1. Documented successful completion of a intramuscular manual therapy course of study; online study is not considered appropriate training.</p> <p>a. A minimum of 50 hours of face-to-face IMS/dry needling course study; online study is not considered appropriate training.</p>   |

| STATE | TRAINING REQUIREMENTS  |
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|       | <p>b. Three years of practice as a licensed physical therapist prior to using the intramuscular manual therapy technique.</p> <p>2. The physical therapist must have board approved credentials for providing intramuscular manipulation which are on file with the board office prior to using the treatment technique.</p> <p>E. The provider of the required educational course does not need to be a physical therapist. A intramuscular manual therapy course of study must meet the educational and clinical prerequisites as defined in this rule, D(1)(a)&amp;(b) and demonstrate a minimum of two years of intramuscular manual therapy practice techniques.</p> <p>F. A physical therapist performing intramuscular manual therapy in his/her practice must have written informed consent for each patient where this technique is used. The patient must sign and receive a copy of the informed consent form. The consent form must, at a minimum, clearly state the following information:</p> <ol style="list-style-type: none"> <li>1. Risks and benefits of intramuscular manual therapy.</li> <li>2. Physical therapist's level of education and training in intramuscular manual therapy.</li> <li>3. The physical therapist will not stimulate any distal or auricular points during intramuscular manual therapy.</li> </ol> <p>G. When intramuscular manual therapy is performed, this must be clearly documented in the procedure notes and must indicate how the patient tolerated the technique as well as the outcome after the procedure.</p> <p>H. Intramuscular manual therapy shall not be delegated and must be directly performed by a qualified, licensed physical therapist.</p> <p>I. Intramuscular manual therapy must be performed in a manner consistent with generally accepted standards of practice, including but not limited to, aseptic techniques and standards of the center for communicable diseases.</p> |
| MT    | Currently drafting   |
| NC    | <p>As of June 2012:</p> <p><b>Position:</b> Based on currently available resource information, it is the position of the North Carolina Board of Physical Therapy Examiners that Intramuscular Manual Therapy (Dry Needling) is within the scope of practice of physical therapists. Intramuscular Manual Therapy is an advanced skill that requires additional training</p>   |

| STATE | TRAINING REQUIREMENTS   |
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|       | beyond entry-level education and should only be performed by physical therapists who have demonstrated knowledge, skill, ability, and competence as follows: Completion of an Intramuscular Manual Therapy course of study at a program approved by the Board with a minimum of 54 hours of classroom education, which must also include instruction in the clinical application of IMT (Dry Needling). Since Intramuscular Manual Therapy requires ongoing re-evaluation and reassessment, it is not in the scope of work for physical therapist assistants or physical therapy aides.   |
| NE    | <p>A physical therapist who wished to perform tissue penetration for the purpose of dry needling must meet the following requirements:</p> <ol style="list-style-type: none"> <li>1. Complete pre-service or in-service training. The pre-service or in-service training must include: <ol style="list-style-type: none"> <li>a. Pertinent anatomy and physiology;</li> <li>b. Choice and operation of supplies and equipment;</li> <li>c. Knowledge of technique including indications and contraindications;</li> <li>d. Proper technique of tissue penetration;</li> <li>e. Sterile methods, including understanding of hazards and complications; and</li> <li>f. Post intervention care; and</li> <li>g. Documentation of application of technique in an educational environment.</li> </ol> </li> <li>2. The training program shall require training to demonstrate cognitive and psychomotor skills. Also, the training program must be attended in person by the physical therapist.</li> <li>3. Maintain documentation of successful completion of training.</li> </ol>  |
| OH    | 11/2011 Currently working to identify general guidelines for determining competence.  |
| TN    | Clinical proficiency and competency in this particular clinical field area of treatment and examination   |
| VA    | <p>Guidance Document 112-9</p> <p><b>Board of Physical Therapy Guidance on Dry Needling in the Practice of Physical Therapy</b></p> <p>Upon recommendation from the Task Force on Dry Needling, the board voted that dry needling is within the scope of practice of physical therapy but should only be practiced under the following conditions:</p> <ul style="list-style-type: none"> <li>• Dry needling is not an entry level skill but an advanced procedure that requires additional training.</li> <li>• A physical therapist using dry needling must complete at least 54 hours of post professional training including providing evidence of meeting expected competencies that include demonstration of cognitive and psychomotor knowledge and skills.</li> <li>• The licensed physical therapist bears the burden of proof of sufficient education and training to ensure competence with the treatment or intervention.</li> <li>• Dry needling is an invasive procedure and requires referral and direction, in accordance with § 54.1-3482 of the Code of Virginia. Referral should be in writing and specific for dry needling; if the initial referral is received orally, it must be followed up with a written referral.</li> </ul> |

| STATE | TRAINING REQUIREMENTS   |
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|       | <ul style="list-style-type: none"> <li>• If dry needling is performed, a separate procedure note for each treatment is required, and notes must indicate how the patient tolerated the technique as well as the outcome after the procedure.</li> <li>• A patient consent form should be utilized and should clearly state that the patient is not receiving acupuncture. The consent form should include the risks and benefits of the technique, and the patient should receive a copy of the consent form. The consent form should contain the following explanation:</li> </ul> <p>Dry needling is a technique used in physical therapy practice to treat trigger points in muscles. You should understand that this dry needling technique should not be confused with a complete acupuncture treatment performed by a licensed acupuncturist. A complete acupuncture treatment might yield a holistic benefit not available through a limited dry needling treatment.</p> |

**IDFPR CORRECTLY DETERMINES THAT "DRY NEEDLING" IS ACUPUNCTURE, AND NOT WITHIN THE SCOPE OF PRACTICE FOR PHYSICAL THERAPISTS.**

**THE IL STATE MEDICAL SOCIETY, IL CHIROPRACTIC SOCIETY, IL OSTEOPATHIC MEDICAL SOCIETY, AND IL ACUPUNCTURE COMMUNITY ALL AGREE.**

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"Dry needling" is the practice of inserting a needle into the skin and muscle at specific trigger points for therapeutic purposes. The name comes from western clinicians who found that giving shots in sensitive muscles and trigger points yielded benefits even when nothing was injected: their patients were experiencing benefits long ascribed to acupuncture. Since they were western practitioners, they renamed the procedure as dry needling or "Trigger Point Dry Needling" (TPDN). That practice is statutorily defined as acupuncture (225 ILCS 2/10), and by law only acupuncturists, physicians and dentists may engage in that practice (225 ILCS 2/15).

Recently in Illinois, some physical therapists urged that dry needling should be considered within the scope of PT practice. But the Illinois statute outlining PT scope of practice (225 ILCS 90/1(1)(B)) does not encompass dry needling:

(B) Alleviating impairments, functional limitations, or disabilities by designing, implementing, and modifying therapeutic interventions that may include, but are not limited to, the evaluation or treatment of a person through the use of the effective properties of physical measures and heat, cold, light, water, radiant energy, electricity, sound, and air and use of therapeutic massage, therapeutic exercise, mobilization, and rehabilitative procedures, with or without assistive devices, for the purposes of preventing, correcting, or alleviating a physical or mental impairment, functional limitation, or disability.

**As IDFPR found, nowhere in the PT law is there any reference to treatment that breaks the skin, nor any reference to the insertion of needles. PTs are not trained in needling as part of their required study (whereas acupuncturists need 1950 hours of such training).**

Allowing PTs to perform acupuncture or dry needling entails risks. Although PTs receive excellent and thorough training for their practice, they do not have a required curriculum for teaching dry needling. In addition, PTs do not have to successfully complete any assessments for the safe and competent practice of dry needling. Courses in dry needling can be as brief as a ***weekend workshop or a 27-hour mini-course***. Licensed acupuncturists are mandated to undergo a rigorous training program of at least three academic years and ***1950 hours of coursework***. The risks involved in practicing acupuncture without adequate training include organ puncture and infection, and are sufficiently grave that the National Chiropractic Council **will not provide malpractice insurance for PTs who insert needles or utilize the practice of dry needling.** The deeper and more pervasive risk is that patients may become confused regarding the practice of acupuncture, and their ability to choose the best medical options for their health needs will be compromised.

After careful review of the Physical Therapy and Acupuncture licensing statutes, as well as consideration of the inherent risks to the public associated with performing dry needling without adequate training, IDFPR issued its opinion on April 25, 2014 stating that dry needling **is not within the scope of practice of physical therapy (letter attached on reverse side).**



## Illinois Department of Financial and Professional Regulation

### Office of Legal Affairs

PAT QUINN  
Governor

Manuel Flores  
Acting Secretary

Richard DiDomenico  
General Counsel

April 25, 2014

The Department's mission is to protect and promote the lives of Illinois consumers. With that goal in mind, the Department, through its legal counsel, considered whether Intramuscular Manual Therapy or Dry Needling is within the scope of practice of physical therapy. Due to the fact that the scope of practice for physical therapists is extremely broad, the Department reviewed both the Physical Therapy Act and the Acupuncture Practice Act. After careful consideration, it is the Department's informal opinion that Intramuscular Manual Therapy or Dry Needling does not fall within the scope of practice of physical therapy.

The main reason for this opinion is that all procedures listed in the Physical Therapy Act are non-invasive procedures. 225 ILCS 90.1 (B) states in part that physical therapy includes the evaluation or treatment of a person through the use of the effective properties of physical measures and heat, cold, light, water, radiant energy, electricity, sound, and air and use of therapeutic massage, therapeutic exercise, mobilization, and rehabilitative procedures, with or without assistive devices.

In comparison, the Acupuncture Practice Act clearly refers to treatment using needles breaking the skin, an invasive procedure. 225 ILCS 2/10 states in part that acupuncture means the evaluation or treatment of persons affected through a method of stimulation of a certain point or points on or immediately below the surface of the body by the insertion of pre-sterilized, single-use, disposable needles, unless medically contraindicated, with or without the application of heat, electronic stimulation, or manual pressure to prevent or modify the perception of pain, to normalize physiological functions of the body... Furthermore, Section 114.30 requires the successful completion of a Clean Needle Technique course and 660 hours of clinical training. 250 of the 660 hours must consist of student-performed treatment. The Acupuncture Practice Act clearly defines the standards of practice in place to perform procedures using needles.

The concern of the Department is there are no standards of practice in place for physical therapists to perform Intramuscular Manual Therapy or Dry Needling. To be included in the scope of practice, the Physical Therapy Practice Act would need to clarify the entry-level education required to perform dry needling as well as the continuing education requirement. Without specific standards of practice in place, the Department has concerns about the ability of physical therapists to competently and safely perform Intramuscular Manual Therapy or Dry Needling.

Please be advised that this letter is intended only as an informal statement reflecting the interpretation of the Department, as the Office of the Attorney General is the only office that may render official opinions regarding statutory interpretation.

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## Practitioners



📍 Frank Gargano - PT, OPI, CCS, CIDN, MCTA, CMT

Integrative Dry Needling Institute LLC - Sevon, Ohio  
Dr. Gargano has 25 years of orthopedic physical therapy experience with the majority of those years as the owner of a successful orthopedic private practice. In 1999 he became Board Certified ...  
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📍 Dr. David T. Griswold - PT, OPI, COMT, CMT, CIDN

Youngstown University - Physical Therapy - Youngstown, Ohio  
Dr. David Griswold, Dr. Frank Gargano, and Dr. Ma have been working in collaboration and consulting on dry needling since 2009. Dr. Griswold is an Assistant Professor at Youngstown State University ...  
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## Take an Integrative Dry Needling Course !

Integrative Dry Needling (IDN) is the third generation of dry needling practice. Our approach concentrates not ONLY on trigger points but considers the systemic neurological relationship of pain and tissue dysfunction as well as sensory nerve modulation and physiology. IDN offers Dry Needling Courses to medical practitioners.

**\*This is original material and can ONLY be learned from Integrative Dry Needling Institute.**

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## Now Available



### Biomedical Acupuncture for Pain Management: An Integrative Approach

Author(s): Yun-tao Ma, Mila Ma, Z.H.Cho, Elsevier, 2005

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## About Us

The mission of Dr. Ma's Dry Needling Institute is to offer unique and evidence informed Dry Needling concepts and training to reduce musculoskeletal pain and enhance human performance.

Our courses educate physical therapists in the safe and effective delivery of virtually pain free dry needling therapy. While respecting the contributions of our mentors, we seek to expand and further develop the Integrative Dry Needling concept using highly qualified and ethical instructors.

## Faculty



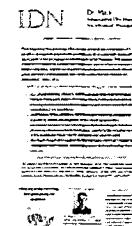
Frank Gargano has 25 years of orthopedic physical therapy experience with the majority of those years as the owner of a successful private practice. In 1999 he became Board Certified in Orthopedics through the

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Dr. Frank Gargano

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Read more about Dr. Gargano >>



Dr. Yun-tao Ma

Dr. Yun-tao Ma, PhD is an educator, writer, scientist, and founder of the American Dry Needling Institute in Boulder Colorado. He is an internationally recognized speaker and highly respected authority in Pain Management, Sports and Sports Rehabilitation.  
Read more about Dr. Ma >>



Dr. David Griswold

Dr. Griswold is an Assistant Professor at Youngstown State University in the Department of Physical Therapy. He received his certification in dry needling through Dr. Ma's Biomedical Dry Needling Institute. Clinically, David has specialized in orthopedic manual therapy, dry needling, and vestibular rehabilitation. Dr. Griswold is also a Certified Orthopedic Manual Therapy (COMT) through Maitland Australian Physiotherapy Seminars and a Certified Mulligan Concept Practitioner (CMP).  
Read more about Dr. Griswold >>



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## RECENT ARTICLES

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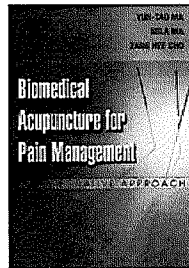
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## Books

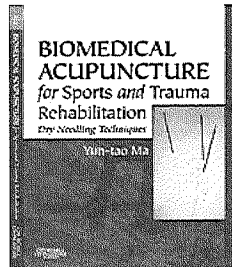


## Biomedical Acupuncture for Pain Management

Integrative Approach, Yun-tao Ma, Mila Ma, Z.H. Cho, Elsevier, 2005

Biomedical acupuncture for pain management presents a new and unique needling system that will enable healthcare professionals in a variety of disciplines to learn and practice needling within the familiar framework of biomedical principles. Simplifying treatment for pain management and trauma rehabilitation, this book will also be of great benefit to traditionally trained acupuncturist. More details...

*\*\*Note the cost of this text has skyrocketed due to high demand and low supply. We have printed more copies and will offer the text book at the normal retail price of \$95 +S/H.*

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## Biomedical Acupuncture for Sports and Sports Rehabilitation

Dry Needling Techniques, Yun-tao Ma, Elsevier, 2010

Biomedical acupuncture for sports and trauma rehabilitation shows techniques that will enhance athletic performance, accelerate recovery after intensive workouts, and speed trauma rehabilitation after injuries or surgeries. Evidence-based research is used to support the best and most effective techniques, with over 100 illustrations showing anatomy, injury, and clinical procedures. Unlike many other acupuncture books, this book uses a Western approach to make it easier to understand rationales and master techniques, and to integrate biomedical acupuncture into your practice. More details...

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## History of Integrative Dry Needling

The development of modern dry needling reflects the great tradition of empirical science, which carries some truth, and some defects of empiricism. All new developments are built on the previous achievements; essentially "dwarfs standing on the shoulders of giants" is a good description of this scientific process.

We describe here the development of dry needling chronologically and hence define the generations of modern dry needling. It does not at all mean one modality is superior, as we all know that all modalities are clinically working. Of course, any modality works best when in well-trained and experienced hands.

The history of dry needling dates back to the 1940's with Dr. Janet Travell. She identified the muscular trigger points and referral patterns that were elicited with "wet needling", later she discovered that "dry needling" offered the same results. This was certainly groundbreaking work and hence she created the term dry needling. She and Dr. David G. Simon carefully identified most of the trigger points located in the human body. Thus, the first generation of modern dry needling was established.

In the late 1970's Dr. C. Gunn developed the concept and technique of Intramuscular Stimulation (IMS). IMS is a technique for the treatment of myofascial pain syndrome based on a comprehensive diagnostic and therapeutic model that identifies the etiology of myofascial pain as neuropathic i.e. due to disease or dysfunction in the nervous system. It specifically identifies the nerve root as the generator of the pathology, so it is referred to as a radiculo-neuropathic model. Chronologically the IMS or Gunn approach can be considered the second generation of modern dry needling, even though it was developed without referring to the trigger point approach.

In late 1970's Dr. H.C. Dunn, a professor of anatomy in San Antonio, Texas, discovered the

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Chronologically the IMS or Gunn approach can be considered the second generation of modern dry needling, even though it was developed without referring to the trigger point approach.

In late 1970's, Dr. H.C. Dung, a professor of anatomy, in San Antonio, Texas, discovered the homeostatic points. Dr. Janet Travell recognized and was impressed by Dr. Dung's discovery (personal communication). In 1999, Dr. H.C. Dung and Dr. Yun-Tao Ma co-authored the book Scientific Acupuncture for Healthcare Professionals published in China. This was the first modern needling textbook published in China. Later they co-authored the second book, Pain Measurement of the Human body also published in China to further explain the clinical application of the system.

Dr. Yun-tao Ma started to practice traditional acupuncture in China in 1968. He was trained as neuroscientist at the National Institute of Health (NIH) and a pain researcher in the Department of Physical Therapy at the University of Iowa. Dr. Ma continued Dr. Dung's work to explore the physiology of the homeostatic point system and their clinical application. Dr. Ma discovered a relationship between homeostatic points and human biomechanical homeostasis. Dr. Ma also found that all modern dry needling modalities with seemingly different theories and clinical techniques, in fact, share the same physiology and are not in conflict with each other. (The Law of Dry Needling)

The systemic concept of IDN allows the practitioner to view and treat the human body as an inter-related organism, essentially the gestalt theory, yet allowing the clinical freedom to adapt the treatment for each patient. As a result IDN provides the framework upon which to address all types of physical dysfunction. IDN can be considered the third generation of modern dry needling.

The fourth generation of modern dry needling is yet to be written, but I envision a conceptual model that utilizes the autonomic nervous system to address pain and dysfunction. Achieving a better understanding and ability to influence the ANS may be the genesis of the fourth generation and IDN will be the springboard to achieving it...more to come!

Frank Gargano

associated factors.

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by: Mindy Hochhalter - PT, DPT  
on: July 2, 2015



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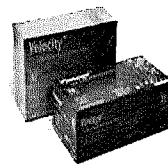
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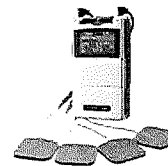


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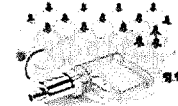
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PTUnited.com, a redirect from IntegrativeDryNeedling.com to purchase acupuncture needles and "Dry Needling" kits online

PT United, Add Physical Therapy Products To Your Practice - Google Chrome

www.ptunited.com/idn/

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## Why Attend Integrative Dry Needling Courses ?

Dr. Ma integrates contemporary dry needling models into a new systematic treatment approach.

Integrative Dry Needling (IDN) is characterized by unique procedures, concepts and techniques which you can only learn in our seminars.

### Unique Concepts, Procedures & Techniques

1. The concept of peripheral nerve mapping, which is the organic integration and expansion of the approaches of Drs. Travell, Gunn and Dung.
2. Quantitative measurement of peripheral nerve sensitivity that enables the clinician to predict the prognosis of dry needling treatment.
3. One standard systemic protocol, which utilizes three types of neuro-trigger points; (1) Homeostatic points, (2) Paravertebral points and (3) Symptomatic points that allow for individualized treatment plan.
4. Clinical procedures for both preventing and treating soft tissue pain.

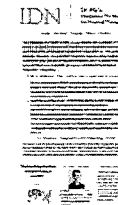
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8. Self-maintenance techniques to reduce the physical stress of daily clinical practice that you sustain, which ultimately will prolong your professional career.

## Why Integrative Dry Needling Courses are Different

- Our seminar teaches UNIQUE skills and techniques that emphasize virtually PAINLESS NEEDLING
- Our seminar teaches techniques that REDUCE the reliance on manual procedures (palpation) that evidence-based research and clinical evidence show unnecessary or insignificant;
- We respect all needling theories and concepts so for those clinicians with prior needling training and experience we clearly outline how IDN can elevate your clinical application and understanding to the next level.
- Our seminar focuses on the neurological features of trigger points and the physiology of sensory nerve modulation, clarifying the common confusion in the myofascial trigger point approach over past 40 years;
- Our seminar integrates the benefits of different dry needling approaches, specifically Dr. Janet Travell and Dr. C.C. Gunn's approach, enhancing the clinical efficacy while minimizing the limitations of each classic approach;
- Our seminar DOES NOT focus only on targeting a specific muscle but addresses neuromusculoskeletal dysfunction (peripheral nerve mapping) as an interrelated systemic issue;
- Our seminar offers a uniquely adaptable approach so that all healthcare professionals, whether from pain management, orthopedic rehabilitation, sports medicine, family practice, occupational or preventative medicine can easily integrate into their clinical practice.

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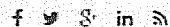


## IntegrativeDryNeedling.com

- Our seminar offers a uniquely adaptable approach so that all healthcare professionals, whether from pain management, orthopedic rehabilitation, sports medicine, family practice, occupational or preventative medicine can easily integrate into their clinical practice.
- Our needling approach GREATLY REDUCES the physical stress of clinical practice that manual therapists experience;
- Our neuro-trigger point system biomechanically balances muscle agonist / antagonist relationships improving posture and coordinating movement;
- Our quantitative analysis of neuro-trigger points can be used to predict the clinical prognosis of dry needling efficacy.



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Dry Needles developed exclusively for Functional Dry Needling®. Trigger Point Dry Needling or...



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- 10/9 Functional Dry Needling Level 1 - Team Rehabilitation -
- 10/9 Functional Dry Needling Level 2 - Ashburn, Virginia - October
- 10/9 Pelvic Floor Dry Needling Lab - Ashburn, Virginia- Friday,

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What are your state's requirements for practicing Dry Needling?



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## KinetaCore® History

### Offering Quality Continuing Education for Manual Therapists and Elevating the Physical Therapy Profession Globally

KinetaCore® was founded in 2007 and has the mission of offering quality continuing education courses for the manual therapist while actively participating in elevating the profession of physical therapy across the globe.

#### Beginnings...

KinetaCore began when Edo Zylstra developed an introductory and advanced dry needling course in 2006. The course development was based on his previous IntraMuscular Stimulation training and the combination of the many different philosophies of Trigger Points and Dry Needling. Edo utilized his extensive experience with the technique while working in a pain management clinic. During this time he was able to utilize live fluoroscopy and the aid of a physician to develop a unique technique in which every muscle treated has a specific approach and safety is always priority as well as the function of the muscle and how it relates to the body, movement and pain. Edo's technique also incorporates treating the segment and the referral patterns in a certain way so that it minimizes the number of needles and treatment sessions necessary to achieve immediate and lasting results.

In 2003 Edo Zylstra and Robert De Nardis, an Australian trained physiotherapist and expert in whiplash and sports related injuries, presented together on topics related to whiplash and neck pain. In 2007 they teamed up and created GEMt, Global Education of Manual Therapists, with the goal of offering the highest quality dry needling courses across the globe. With the collaboration of Edo and Robert, the course quality and content was drastically improved so that any skilled physio or like provider could incorporate this amazing technique into their current practice rather than having to commit to a complete paradigm shift with treatment. As of 2010 the North American branch name was changed to KinetaCore and Edo Zylstra remains the CEO, while Robert De Nardis is Director for GEMt based in Australia. The goal of both companies is to offer world class education for the manual therapist while specializing in Functional Dry Needling® Courses.

#### Physical Therapy Education Today

Currently dry needling courses have had the highest demand of all of the manual courses offered by KinetaCore®. The courses will benefit manual therapists and clinicians who work with patients and athletes suffering from acute and chronic musculoskeletal conditions. Since the start of the company, KinetaCore® has certified almost 4,000 North American providers in Functional Dry Needling techniques and continues to advocate for the addition of dry needling into the scope of practice for physical therapists across the country.



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Edo Zylstra, PT, DPT, MS, OCS, IMSp - Google Chrome  
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## Edo Zylstra, PT, DPT, MS, OCS, IMSp

**Founder, Owner, CEO, Lead Instructor – Functional Dry Needling® Courses Level 1 & Level 2, and Functional Therapeutics**

Edo Zylstra was active in developing the current standards for Dry Needling (aka Trigger Point Dry Needling) training in Colorado. He has taught over 50 Dry Needling courses internationally and is currently developing more advanced techniques for therapists experienced in this manual therapy technique.

Edo Zylstra received both his Doctorate of Physical Therapy and Master of Science degree in physical therapy from Regis University in Denver, Colorado. In 2005 Edo opened his clinic, [Kinetacare](#), previously Sport & Spine Physical Therapy Brighton, in Colorado. Prior to opening his clinic he spent over four years working in a chronic pain clinic specializing in manual therapy utilizing Intramuscular Stimulation (IMS), and Trigger Point Dry Needling. He received his certification for Dry Needling from The Institute for the Study and Treatment Of Pain (iSTOP) in Vancouver, British Columbia. Edo then took a second series of training courses through Pain and Rehabilitation in Bethesda, Maryland, where he learned Travell & Simons' techniques for diagnosis and treatment of myofascial pain and trigger points. Edo was instrumental in the process of getting Dry Needling accepted as a treatment technique within the scope of practice for physical therapists in Colorado, and continues to do the same for other states that do not currently have Dry Needling within their physical therapy scope of practice.

In 2006 Edo developed and began instructing both Introductory and Advanced Trigger Point Dry Needling courses (now Functional Dry Needling®). In 2007 he joined Robert De Nardis to instruct Dry Needling courses in Australia, and in 2008 Edo and Robert founded GEMt, Global Education of Manual Therapists. As of 2010 the North American Branch was renamed Kinetacore®, of which Edo became the sole director, while Robert De Nardis serves as the director for the Australian branch, still named GEMt. Edo has a passion for functional dry needling and hopes to continue to educate therapists across the globe in this amazing technique so that patients who once had no access can now find a provider in their city and benefit from this treatment.

Edo received his board certification as an Orthopaedic Clinical Specialist in 2011. He hopes that through his education and his passion for educating others, by the year 2020 the field of physical therapy will have elevated to the respected level it deserves.

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**Contact Edo Zylstra**

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## Tina Anderson, PT, MS

### Lead Instructor, Creator of Pelvic Floor Dry Needling Lab

Tina Anderson, PT, MS, received her Master of Science in Physical Therapy in 2001 from Grand Valley State University located near Grand Rapids, Michigan. She earned her Bachelor of Science in Kinesiology from Michigan State University in 1996. Tina currently owns a private practice in Aspen, Colorado, where she specializes in treating neuromyofascial dysfunction and pain conditions using Functional Dry Needling or Intramuscular Manual Therapy (IMT) and functional retraining including the Selective Functional Movement Assessment (SFMA) and Functional Movement Screen (FMS). Additionally, Tina specializes in treating dysfunctions of the pelvic floor. Tina earned her Dry Needling Certification from Edo Zylstra, PT, MS, OCS, in 2006 and has been teaching with Kinetacore® since 2008. Tina was one of the main collaborators and creators of Kinetacore's pelvic floor dry needling module, with the goal of expanding the application of Functional Dry Needling® to patients with pelvic floor dysfunction and pain.



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### KinetaCore® Teaching Center

This facility is also available for rent for continuing education courses or conferences. For more information on renting this space please contact us at...



### KinetaCore Ashburn Teaching Facility

Our KinetaCore Ashburn Teaching Center is Open as of February 1, 2015! Our brand new KinetaCore Ashburn teaching center in Virginia is now open and offering all KinetaCore...



### Testimonials

Course Participants Discuss KinetaCore® We are dedicated to progressing physical therapy as an industry and enjoy our graduates' feedback! KinetaCore® in general...



### Recommended Sites

The following are sponsors, partners and recommended resources to help you become a professional manual therapist.

Edu Zylstra, PT, DPT, MS, OCS, ILCS

Tina Anderson, PT, MS

Jeremy Baxter, PT, ATC, MPT, MAT

Domen Bellman, DPT, OCS, FAACMT

Christopher Bely, MSc, BSc, PT, OCS, FRCPT

Samantha Burns, Undergraduate in Kinesiology

Ero Campos, DPT

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## KinetaCore Ashburn Teaching Facility

Our KinetaCore Ashburn Teaching Center is Open as of February 1, 2015!

Our brand new KinetaCore Ashburn teaching center in Virginia is now open and offering all KinetaCore courses at regular intervals twice per month. Come meet us at our 3,000 square foot facility with state of the art amenities for high quality manual therapy education. See why many practitioners choose KinetaCore!

Address:

**KinetaCore Ashburn**  
21750 Red Run Drive, Suite 162  
Ashburn, VA 20147

This facility is also available for rent. Please contact us for more information.

Check out these upcoming courses at our Ashburn facility!

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Name

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Updates, news, research.

#### News >

- > Dry Needling Competencies Report Now Available!
- > Clinical Pearl: Spina Brida C1-2 – Physical Therapy Approach to Management of Associated Headaches ...
- > Functional Management of Femoroacetabular Impingement

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dry needling screen...do...

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## Teach With KinetaCore®

We are currently looking for experienced Physical Therapists for positions with our training organization. To be considered for an Assistant Instructor position with KinetaCore®, you must have successfully completed our Functional Dry Needling® Levels 1 & 2 courses, preferably have taken Functional Therapeutics, and should have at least one year of experience in FDN.

Please contact us using the form below to inquire about employment options and further requirements.

### Teach With KinetaCore® Request Form

NAME:

PHONE:

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QUESTIONS / COMMENTS:

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# Dry Needling Course

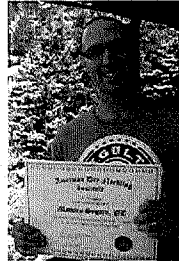
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## Meet your teacher

Dr. Yun-tao Ma, educator, writer, scientist, founder of American Dry Needling Institute is an internationally recognized authority.



## Our Courses

"Dr. Ma blends his many years of experience with his rich scientific background in bringing this unique system of Integrative Dry Needling..."



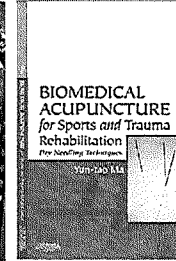
## Course Logistics

Our tutorial-style apprenticeship courses are organized the following way



## Why choose us

"Dr. Ma has revolutionized the way the western sports..."  
Sue Falsone, Major League Physical Therapist, Los Angeles Dodgers



## Textbooks

"Dr. Ma's book is destined to play a truly integrating role, offering modern dry needling system and clarifying misunderstandings..."

## Our News

- Dr. Ma new textbook on Contemporary Integrative Dry Needling will be published in 2014
- Dr. Ma's new textbook Daily Miracles of Vacuum Therapy will be published in 2015

## Food for Thought

- An article we recommend

## What is Dry Needling?

## Dry Needling by Dr Ma

Integrative Dry Needling, Orthopedic Approach™ is a contemporary dry needling therapy developed by Dr Yun-tao Ma (2005, 2010) and based on the works of Dr Janet Travelle (1982, 1992), Dr Chan Gunn (1978), clinical evidence, evidence-based research and Dr Ma's own 40 years of clinical and research experience and neuroscience training.

Due to Dr Ma's extensive background in neuroscience, pain management and needling practice and research, he has been able both to study and assess the effectiveness of different types of dry needling, such as trigger point dry needling (TDN) — as used by

## Modernization of Manual Medicine

- Dr. Ma as a co-chair with Prof. Shen, MD, Director of Rehabilitation Department, Nantong Medical School, China authoring the nationwide New Program of Modernization of Manual Medicine. Dr. Ma's students — physical therapists and chiropractors — are actively participating in this program

## JANET TRAVEL'S FAMILY

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# Dry Needling Course

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## Meet Your Teacher

Dr Yun-tao Ma, PhD, educator, writer, scientist, founder of the American Dry Needling Institute, visiting Professor with the Medical Faculty of Paris XI (Orsay) University and Nantong Medical School, is an internationally recognized and highly respected authority in Pain Management, Sports and Trauma Rehabilitation, who has been teaching for many years Dry Needling in USA and all around the world.

Dr Ma's evidence-based Integrative Dry Needling System has proven efficacy nationally and worldwide and has been presented with great success at National and International symposiums in Washington DC, London, Barcelona, Berlin, Paris, Sao Paulo, Miami, Frankfurt, Prague, Thessaloniki, Natal, Beijing and at US medical schools.

Short Bio:

- 40+ years of clinical needling experience
- 30+ years of research experience (neuroscience and pain management) including research in National Institute of Health (NIH)
- publications in Journal of Neuroscience (1996), Brain Research (2000), Max Plank Institute (2005), etc
- his textbooks published by Elsevier, USA 2005 and 2010; in Germany 2007; in China 2000, 2007
- experience working in the Postgraduate physical therapy program at the University of Iowa and Department of Experimental Therapeutics University of Maryland, Medical School
- Visiting Professor, Department of Rehabilitation Medicine, Nantong Medical School, China
- Visiting Professor, Medical Faculty, Paris IX (Orsay) University, France.

Dr Ma's own 40-year background in clinical biomedical neuroscience research, including work with the National Institutes of Health (NIH) and his experience working in the postgraduate physical therapy program at the University of Iowa and Department of experimental therapeutics at the University of Maryland medical school contributed to the creation of the unique Integrative Systemic Dry Needling™ for Pain Management, Sports Medicine and Trauma Rehabilitation. It is this rigorously scientific background, coupled with extensive clinical experience, that makes Dr Ma's contemporary dry needling system so effective. In 2005, he co-authored a Western acupuncture (no meridians, no acupoints) aka contemporary Dry Needling modality textbook, Biomedical Acupuncture for Pain Management, Integrative approach, with Milla Ma and Zan Cho – published by Elsevier. (Also translated into German and Portuguese.)

Dr Yun-tao Ma's new textbook further developing Dry Needling for Sports and Trauma Rehabilitation, was published in March 2010, also by Elsevier, a leading publishing house.

Presently Dr Ma is also working on new book on Contemporary Dry Needling that will be published in 2015.

Dr Ma is revered by students both for the clarity of his teaching and his depth of knowledge, as well as his effective hands-on tutoring and mentoring, and deep respect for his students' professional knowledge.

"Dr Ma's course and book taught me how to add years to the career and life of my athletes."  
– Clayton Gibson, personal physician to elite professional athletes, NFL, NBA

## Dr Ma's System of Integrative Dry Needling

### Registration

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## New Developments at Dr. Ma's American Dry Needling Institute

The achievements of Dr. Ma's School of Integrative Systemic Dry Needling speak for themselves. This is why Dr. Ma's Dry Needling courses are overbooked without any advertisement time and time again. Dr. Ma's new, practical textbook on Dry Needling will be published shortly, and that will drive further demand for IDN courses.

Presently Dr. Ma's Integrative Dry Needling courses are not able to accommodate all the students wanting to

- Study unique Integrative Dry Needling System developed by Dr. Ma
- Offer virtually pain-free needling to their patients
- Be assured that they are being taught a dry needling technique with an impeccable safety record

### The Solution

During the last four (4) years, Dr. Ma has meticulously groomed his three chosen successors to lead the reorganized American Dry Needling Institute.

Dr. Ma is proud to present:

- **Frank Gargano**, Doctor of Physical Therapy  
President of Dr. Ma's Integrative Dry Needling Institute for Physical Therapists  
(<http://Integrativedryneedling.com>)
- **Sue Felsone**, PT, MS, ATC The first female head athletic trainer for LA Dodgers, a major league baseball team.  
Director of Dr. Ma's Systemic Dry Needling Institute for Chiropractors ([www.systemicdryneedling.com](http://www.systemicdryneedling.com))
- **Dallus Barkauskas**, M.D., Head Physician of Olympic Committee, Director of Dr. Ma's Dry Needling Courses in Europe and Asia

At the Dry Needling Institute we believe in quality over quantity. This is why we choose to have:

- Only a few teachers, each bringing a unique perspective in practical applications of dry needling
- Every course designed under a close supervision and with direct involvement of Dr. Ma
- A unique dry needling program that produces mega-successful, accident-free students

TO BE A MEGA-SUCCESSFUL ACCIDENT FREE CLINICIAN - STUDY ONLY WITH THE EXPERTS

### What will Dr. Ma do in 2014?

He is certainly not going to retire! We have had a flood of inquiries asking Dr. Ma not to retire. And we are excited to say that this year Dr. Ma will get around to:

- Teaching 4 dry needling courses in USA and some dry needling courses abroad. (Please see Schedule and registration page, click)
- Presenting his new Dry Needling textbook, covering new aspects of dry needling theory and numerous practical case studies
- Starting a new book - Microcirculation and Dry Needling: Theory and Practice
- Preparing new courses on Dry Needling with his directors: Frank, Sue and Dallus



Dallus and the figure skaters



Frank demonstrating techniques

## Dr. Ma's System of Integrative Dry Needling

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Dr. Ma's Textbooks - Google Chrome

dryneedlingcourse.com/dr-mas-textbooks

☆ ⓘ ≡

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## Dr. Ma's Textbooks

Biomedical acupuncture for Pain Management, Integrative approach. Yun-tao Ma , Mila Ma Z.Cho, Elsevier, 2005

Biomedical acupuncture for Sports and trauma rehabilitation. Dry Needling techniques, Yun-tao Ma, Elsevier, 2010

## Dr Ma's System of Integrative Dry Needling

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## Why Choose Us?

### 3 Ways our course is different and ....

#### the 6 Reasons why Physical Therapists and Chiropractors should explore Dr Ma's work

Our purpose here in pointing out why Dr Ma's dry needling courses are different that we want to assist physical therapists and chiropractors in choosing a dry needling course that will satisfy they very own professional needs and expectations.

#### Let's start with 3 very Important ways.....

##### ONE :

» Integrative Dry Needling,™ is a contemporary dry needling therapy based on the works of Dr Janet Travell (1982, 1992), Dr Chan Gunn (1978), clinical evidence, evidence-based research and Dr Ma's own 40+ years of clinical and research experience and neuroscience training.

» We teach needling, not palpation. We teach Dry Needling as an independent modality that is easily adjusted and incorporated into physical therapists and chiropractors clinical practice, according to the professional experience and needs of attendees and patients.

##### In contrast:

"Many course providers heavily concentrate on teaching palpation during dry needling courses... dry needling is usually presented within the context of one of the popular treatment models".- *Luce Richards, researcher, Journal of Osteopathy, 2009*

##### TWO :

Many clinical treatment procedures and virtually painless needling techniques are developed by Dr Ma and can be learn only at his course.

We also present and scientifically explain the CORE of contemporary dry needling modality:

- » physiological mechanisms of needling,
- » mechanisms of trigger point formation,

## Dr Ma's System of Integrative Dry Needling

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Many clinical treatment procedures and virtually painless needling techniques are developed by Dr Ma and can be learn only at his course.

We also present and scientifically explain the CORE of contemporary dry needling modality:

- » physiological mechanisms of needling.
- » mechanisms of trigger point formation.
- » and the mechanisms of formation of the "twitching response".

Efficacy of physical therapists and chiropractors integration of dry needling into clinical practice depends on deep understanding and practical implementation of these intertwined physiological mechanisms.

**"Dr Yun-tao has introduced a new understanding and practical application of dry needling based on the modern sciences of neurophysiology and anatomy, giving dry needling a definite place in preventative sports medicine and rehabilitation."**— Sue Falsone, PT, Director Physical Therapy Department, Athletic Performance, Phoenix, AZ

#### THREE :

**Dr Yun-tao Ma is the only teacher who has well rounded experience of being world known clinician, researcher, writer, teacher**

- » 40 years of clinical needling experience
- » 30 years of research experience (neuroscience and pain management ) including research in National Institute of Health (NIH)
- » publications in the most respected science journals as Journal of Neuroscience (1998), Brain Research ( 2000), Max Plank Institute (2005), etc
- » his textbooks published by Elsevier in USA 2005 and 2010; in Germany 2007; in Brazil in 2008, China 2000, 2007
- » Postgraduate physical therapy program at the University of Iowa and Department of Experimental Therapeutics University of Maryland, Medical School
- » Visiting Professor, Department of Rehabilitation Medicine, Nantong Medical School, China.
- » Visiting Professor, Medical Faculty, Paris IX (Orsay) University, France.

Now, to those 6 Reasons to explore Dr Ma's courses...(more)



Why Choose Us? - Part 2 - Google Chrome
dryneedlingcourse.com/why-choose-us/2

6 Reasons to explore Dr Ma's courses

(1) BECAUSE we offer you first-hand learning experience, from the "horse's mouth". You'll learn directly from Dr Yun-tao Ma, PhD, world recognized authority in the fields of Pain Management, Sports Medicine and Trauma Rehabilitation, author of the highly praised textbooks  
  
(2) BECAUSE you only have to come ONCE and pay for the course ONCE. We respect your time and we respect your existing professional training. Therefore, we are able to condense the course content. (Attention CO PT's, DC's)  
  
"I have attended many courses where the instructors break the information into many courses that make it costly, time consuming and difficult for the practitioners to attend. Dr Ma shares his knowledge generously in one course to the level that I feel comfortable using integrative dry needling the next day for my patients."  
  
- Professor M. Reza Nourbakhsh, PT, PhD, OCS, Department of Physical Therapy, North Georgia College and State University, Georgia, USA  
  
(3) BECAUSE Our Systemic Integrative course presents an organic synthesis of Trigger Point technique pioneered by Travell (1940, 1990), the IMS technique of Gunn (1980), and Dr Ma's Systemic Integrative Dry Needling (2007) based on:  
  
neurology, scientific research, drawing heavily on leading-edge neurological research using modern imaging techniques (fMRI) kinesiology, cognitive natural science and incorporating new techniques and new clinical skills (as seen in Dr Ma's textbooks published by Elsevier, 2005, 2010).  
  
(4) Our evidence-based Systemic Integrative Dry Needling™ course has proven efficacy nationally and worldwide and has been presented with great success at scientific congresses in the USA, United Kingdom, Germany, Spain, Czech Republic and Greece.  
  
(5) BECAUSE you'll learn a WHOLE body treatment at once, with many interconnecting mechanisms.  
  
*"It makes so much sense to treat (and teach) the whole body instead of being focused only on the pathology presented in upper and lower parts."* (Richard Morrisset).  
  
(6) Free lifetime "membership" with Dr Ma  
  
We offer you a Tutorial-Apprentice style course.  
  
Apprentice means: free lifetime "membership": you are always welcome to contact Dr Ma when you have professional questions. We cherish contacts with our students and Dr Ma generously shares his knowledge. Dry needling is easy to learn, joy to apply- as long as your understand the mechanism.  
  
Tutorial means a small group with close supervision by Dr Ma.  
  
"Dr Ma teaches the technique effortlessly. The hands-on and personal one-on-one time with Dr Ma was wonderful and made me feel very comfortable. This course exceeded all my expectations".  
  
- Lindsay Rambo, PT, DPT

DryNeedling

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Pain Management - Google Chrome

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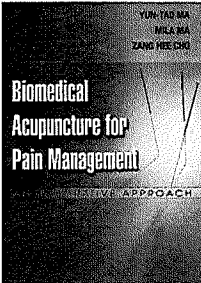
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## Pain Management

Biomedical acupuncture for Pain Management. Integrative Approach, Yun-tao Ma, Milla Ma, Z.H.Cho, Elsevier, 2005



Dr Ma strongly emphasized that the modern modality known as dry-needling or or biomedical acu-puncture does not share any common foundation with traditional Chinese acupuncture. The term acupuncture is used here in the sense of its original Latin roots: acus (needle) and punctura (puncture or piercing).

*"I want to say that Dr Ma's texts books are fantastic resources. I continually find myself re-reading and each time I see a concept differently. Full of gems."* Jason Lomont, PT, Canada

*"I believe that this book is a genuine milestone and the essential guide to the management of neuro-musculoskeletal pain."*

*Book review from the International Journal of Osteopathic Medicine, Luke Rickards, DO*

*"I feel a liberation and a renewal has happened to the medical world. Thank you for your courageous and encouraging book"*

Erika Kirgis, Doctor of Medicine, Germany, student and a personal friend of Dr.J Travell

### Where to Order

To purchase a copy please visit [www.elsevierhealth.com](http://www.elsevierhealth.com) or [www.amazon.com](http://www.amazon.com)

Biomedical Acupuncture for Pain Management:  
An Integrative approach, Yun-tao Ma, Milla Ma, Z.H. Cho.  
Elsevier, 2005  
Translated into German, Portuguese, Chinese

## Dr Ma's System of Integrative Dry Needling

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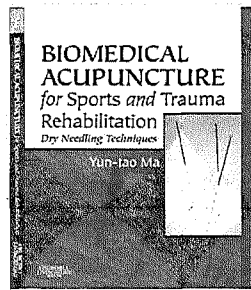
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## Dry Needling for Sports and Trauma Rehabilitation Textbook

Biomedical Acupuncture for Sports and Trauma Rehabilitation  
Dry Needling Techniques, Yun-tao Ma, Elsevier, 2010



Dr Ma strongly emphasized that the modern modality known as dry needling aka Intramuscular manual therapy (IMT) aka trigger point therapy (TDT) does not share any common foundation with traditional Chinese acupuncture. The term acu-puncture is used in the textbook in the sense of its original Latin roots: acus (needle) and punctura (puncture or piercing).

Your comments are very welcome!  
Email: [Ma@DryNeedlingCourse.com](mailto:Ma@DryNeedlingCourse.com)

Our heartfelt THANK YOU to all readers sending us warm and emotional feedbacks

"Finally, a well-referenced, commonsense approach to dry needling in sports medicine that discusses maintenance, overtraining, and the effect of the stress response in athletes. This is a long-awaited book that will leave you feeling comfortable with a technique that is very useful not only for athletes, but for all patients of your practice."

Rey Ximenes, MD, Sports and Stress Management Center, Austin, Texas

To purchase a copy please visit Elsevier Health or Amazon

Dr Ma's new textbook Biomedical Acupuncture for Sports and Trauma Rehabilitation, Dry Needling techniques was published by Elsevier in 2010. New concepts and techniques from this textbook are presented during our course.

Click below on the one of the following to read a full text

- Introduction to the textbook by Dr Yun-tao Ma
- Foreword by Tim Cooper, PT for Gold Coast Football Club (Australian Rules Football) and elite

## Dr Ma's System of Integrative Dry Needling

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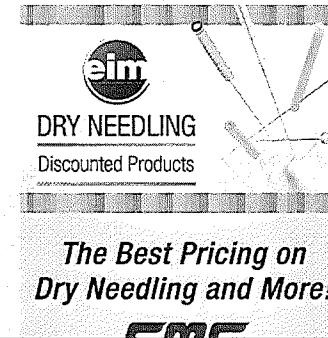
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## NEWS

### EIM Launches Trigger Point Dry Needling Courses

PRWEB September 10, 2012

The Evidence In Motion (EIM) Institute of Health Professions, created to assist in the continued education of physical therapists, is pleased to announce the much anticipated release of their Trigger Point Dry Needling courses.

EIM's Trigger Point Dry Needling (TDN) and Instrumented Soft Tissue Mobilization (ISTM) Instruction is designed as a two-part series that consists of Lower Quarter and Upper Quarter courses. These courses teach effective examination and treatment techniques that target trigger points and soft tissue impairments throughout the lower and upper quarters to decrease pain and improve range of motion and function in patients. The TDN and ISTM courses are delivered in a blended learning fashion, combining a pre-onsite, online curricula with a flexible two or three day hands-on weekend intensive to develop TDN and ISTM skills.

"Both TDN courses are designed to give participants the fundamental tools and information they need to get their patients better, faster," states Tim Flynn, PT, PhD, developer and faculty member for EIM's TDN and ISTM courses and EIM part-owner. "Because of this, EIM is excited to provide this type of course to our students for the first time."

Features for the TDN and ISTM course series include:

- A pre-onsite, online curricula (8 contact hours) that discusses the therapeutic effects, mechanisms, safety, and legal issues involved with dry needling.
- Flexible onsite lab intensive hours to meet the training requirements defined in each participants' state of practice. Lab hours range from 18-27 hours per course and 26-54 hours for the 2-part course series.
- Participants are awarded 26 to 35 contact hours from the EIM Institute of Health Professions upon the completion of each course.
- Participants receive dry needling supplies needed for the course and to treat patients back

### EVIDENCE IN MOTION, LLC

13000 Equity Place, Suite 105  
 Louisville, KY 40223

Email: [info@eimpt.com](mailto:info@eimpt.com)  
 Phone: 888.709.7096  
 Fax: 502.371.8252

member for EIM's TDN and ISTM courses and can participate because of this. EIM is excited to provide this type of course to our students for the first time."

Features for the TDN and ISTM course series include:

- A pre-on-site, online curricula (8 contact hours) that discusses the therapeutic effects, mechanisms, safety, and legal issues involved with dry needling.
- Flexible on-site lab intensive hours to meet the training requirements defined in each participants' state of practice. Lab hours range from 18-27 hours per course and 26-54 hours for the 2-part course series.
- Participants are awarded 26 to 35 contact hours from the EIM Institute of Health Professions upon the completion of each course.
- Participants receive dry needling supplies needed for the course and to treat patients back in their clinic on Monday morning.
- The course is taught by experts in the PT field, such as Tim Flynn, PT, PhD; Andrew Bennett, PT, DPT; and Mike Walker, PT, DSc.

Enrollment for the next TDN and ISTM for the Lower Quarter Course is now open on the EIM website. The course on-site will be held on November 3-5, 2012 in Arlington, Virginia, with pre-on-site materials available on October 5, 2012.

Lower and Upper Quarter Courses are offered throughout the year, so please check the EIM website for the latest course schedule and pricing.

#### About Evidence In Motion (EIM):

Evidence in Motion (EIM) is an education and consultation company whose sole reason of existence is to elevate the physical therapy profession and the role of physical therapists in healthcare delivery. A strong dedication to fostering the creation and assimilation of an evidence-based practice culture within the physical therapy profession is a cornerstone of EIM's mission. The EIM Team has implemented evidence-based practice treatment pathways in many facilities and aims to promote the global sharing of information and ideas, thus advancing evidence-based physical therapy practice, research and education around the world. EIM offers Continuing Education, Certification Tracks, Residencies, a Fellowship Program, a Musculoskeletal Transition DPT, and an Executive Program in Private Practice Management with optional Transition DPT. For more information, please visit EvidenceInMotion.com. You can also find EIM on Facebook and Twitter, @EIMTeam.

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## COURSE INFORMATION

## CONTINUING EDUCATION COURSES


## HANDS-ON COURSES

|   |   |               |
|---|---|---------------|
|    | Optimizing Patient Handling   | \$250         |
|    | EIM PRIME Time: An Evidence Supported Techniques Lab  | \$199         |
|    | Transforming Aging - Healthier Living with PT Science                                       | \$295         |
|    | Ergonomic Analysis - Hazard Identification & Control  | \$395         |
|    | New Trends in the Prevention of Running Injuries  | \$450         |
|    | Management of Cervical & Thoracic Disorders   | \$540         |
|    | Management of Lower Extremity Disorders   | \$540         |
|    | Evidence-based Sports Physical Therapy Competencies   | \$540         |
|    | Management of Lumbopelvic Disorders   | \$540         |
|    | Management of Upper Extremity Disorders   | \$540         |
|   | Manipalooza   | \$250 - \$800 |
|  | Integrated Trigger Point Dry Needling for the Lower Quarter - Level 1 (2-day lab intensive) | \$1,000       |
|  | Integrated Trigger Point Dry Needling for the Upper Quarter - Level 2 (2-day lab intensive) | \$1,000       |

|  |   |               |
|--|---|---------------|
| Continuing Education Courses Archives - Evidence In Motion - Google Chrome         |   |               |
| www.evidenceinmotion.com/educational-offerings/course_cat/continuing-courses/      |   |               |
|   | Integrated Trigger Point Dry Needling for the Lower Quarter - Level 1 (2-day lab intensive) | \$1,000       |
|   | Integrated Trigger Point Dry Needling for the Upper Quarter - Level 2 (2-day lab intensive) | \$1,000       |
|   | Integrated Trigger Point Dry Needling for the Lower Quarter - Level 1 (3-day lab intensive) | \$1,200       |
|   | Integrated Trigger Point Dry Needling for the Upper Quarter - Level 2 (3-day lab intensive) | \$1,200       |
|  | Pelvic Health 1   | \$540         |
|  | Pelvic Health 2   | \$540         |
|  | Management of Neurologic Problems, Balance and Falls in the Older Adult Weekend Intensive   | \$540         |
|   | Effortless Spinal Manipulation: Lumbar & Pelvic Region                                      | \$540         |
|   | Effortless Spinal Manipulation: Cervical & Thoracic Region                                  | \$540         |
| <b>ONLINE WITH HANDS-ON LAB</b>  |   |               |
|  | Emergency Medical Response Course (Initial, Re-Certification & Test Only options)           | \$200 - \$495 |
| <b>TEST PREP COURSES</b>   |   |               |
|   | OCS Test Prep Course (2015-16)  | \$495         |
|  | SCS Test Prep Course (2015-16)  | \$495         |
|  | NCS Test Prep Course (2015-16)  | \$495         |
| <b>ONLINE INTERACTIVE</b>  |   |               |



## ONLINE INTERACTIVE

|   |  |       |
|---|--|-------|
|  | ISPI's Therapeutic Neuroscience Education                    | \$900 |
|   | Essentials of Medical Screening in Physical Therapy Practice | \$650 |
|   | Radiology/Essentials of Musculoskeletal Imaging              | \$650 |
|   | Business Management Principles for the Physical Therapist    | \$650 |

## ONLINE SELF-STUDY/SELF PACED

|   |   |                                      |
|---|---|--------------------------------------|
|   | Essentials of Pharmacology and Clinical Lab Tests                   | \$275                                |
|    | Amazing! Customer Service Course for Individuals                    | \$199                                |
|    | Amazing! Customer Service Suite                                     | Pricing is based on number enrolled. |
|    | Called to Care  | \$249                                |
|    | Time Management Hacks for Physical Therapists                       | \$495                                |
|    | ISPI's Introduction To Therapeutic Neuroscience Education           | \$100                                |
|    | Evidence-Based Practice: Level I                                    | \$275                                |
|    | Evidence-Based Practice: Level 2 (Advanced)                         | \$275                                |
|   | Manual Therapy History and Professional Growth                      | \$275                                |
|  | Introduction to the Diagnosis and Management of Chronic Spinal Pain | \$275                                |



## HISTORY

EIM was established in 2004 and has grown to become the largest provider of post-professional educational programs in the PT industry. We attribute our growth and success to the allegiance of fulfilling our mission: **To elevate the physical therapy profession and the role of physical therapists in health care delivery** and our promise: **To develop and facilitate ideas to provide physical therapists with the necessary training and tools to become leaders in Evidence-based practice.** Explore our history and learn more about the EIM founders, key milestones and continuing evolution.

### OUR HISTORY

EIM is a developer and facilitator of ideas, ideas about influencing practice and changing practitioner behavior, and the potential for transformational educational efforts using a variety of approaches to affect change. There are many pros and cons to continuing education, and doing it right is no small task. EIM has accepted an enormous professional responsibility to bridge the gap between the academic setting and the realities of the busy clinical practice. EIM was formed in 2003 with an interest in assisting to bridge that gap.

Ultimately, EIM's endeavor has little to do with continuing education in the classic sense. The vision has been to create an on-line evidence-based marketplace (an "educational studio" if you will) for the advancement of musculoskeletal physical therapy practice, incorporating a variety of educational strategies in a coordinated fashion (i.e., weekend courses, on-line courses, topical discussion threads, on-line journal clubs, virtual groups, residency and fellowship opportunities, etc.). Weekend courses are an important, hands-on, component of a new knowledge exchange model. It is EIM's belief that the availability and proper use of technology reduces the need for heavy, slow moving infrastructure, thus speeding the pace of this knowledge exchange.



EIM was born in 2003 out of a passion to bridge the gap between the academic setting and the realities of busy clinical practice. Its birthplace lies geographically somewhere, perhaps equidistant, between the University of Pittsburgh in Pittsburgh, PA and Washington University in St. Louis, MO.

In 2003, evidence-based practice within the PT profession was just starting to be introduced as a foundational



EIM Team Sky Diving



Dr. Richard "Dick" Erhard

his circle of influence, which still reverberates today through the training of PhD students around the country and via organizations like the Foundation for Physical Therapy.

Through the "ghost of Steve Rose", Dr. Delitto would often (and likely still does) rant that "clinicians should just read the damn literature!" It seemed like a simple request...simply read the current literature and then do what it says in caring for your patients. However, it quickly became obvious that there were few "bridges" that could assist physical therapists in getting from Point A (evidence) to Point B (practice), hence the incubation period for EIM had begun.

In its earliest days, EIM offered a limited set of traditional continuing education courses that occurred mostly on the weekends, based on the vision that our curricula could eventually be packaged together in the form of Residency and Fellowship programs to promote lifelong learning and a culture of evidence-based practice within the profession.

In late 2005 EIM started to grow rapidly. A few trusted colleagues joined as partners to take EIM to the next level. Larry Benz, Tim Flynn (via an acquisition of Manipulations, Inc, the original company that developed the manipulation CDs), and Rob Wainner became partners in EIM. EIM continued to offer continuing education around the country and also expanded to collaborate with many practices around the country offering a variety of consultative services that could perhaps be succinctly summarized as an "EBP How To" (EBP training, marketing, etc.) for differentiating yourself as an EBP provider in your marketplace. EIM continued to grow and moved beyond the ability to be managed by "4 guys w/ other full time jobs". It was time to hire a full time business leader. We expanded our partnership by adding George Burkley as EIM's CEO in 2007.

Since 2007, EIM has been transforming and expanding its content into educational "packets" of Residency, Fellowship, and Executive Private Practice Management programs. We work every day to push ourselves and EIM as a conduit to elevate the physical therapy profession and the role of physical therapists in our healthcare system. We are working today on new offerings that will expand the way we serve that mission. Stay tuned for the next chapter in the History of EIM.

birthplace lies geographically somewhere, perhaps equidistant, between the University of Pittsburgh in Pittsburgh, PA and Washington University in St. Louis, MO.

In 2003, evidence-based practice within the PT profession was just starting to be introduced as a foundational element to clinical practice. EBP was not even universally recognized as an acronym within the PT profession, much less carried out in practice! The importance of evidence-based practice was drilled into the head of each and every graduate student at the University of Pittsburgh (I being one of those graduate students). During that era, the message was coming from the likes of, among others, Dr. Anthony (Tony) Delitto and Dr. Julie Fritz. While at Pittsburgh, if I heard his name once, I heard it a thousand times — Dr. Steve Rose. I was reminded many times that Steve was, in genealogy parlance, my "Research Grandfather". Dr. Rose was the Chair of the PT program at Washington University in St. Louis where Dr. Delitto was a PhD student and during his first faculty appointment. Well before there were virtually any randomized clinical trials related specifically to physical therapy practice, Dr. Rose was well known for challenging the status quo and constantly harping that "our practice needs more research, and our research needs more practice." He understood well that academics in physical therapy could not survive without the tripartite and inseparable infusion of teaching, research, AND practice.

Steve was in his prime and remains today an iconic figure in the history of PT and one whose career profoundly influenced many in



Dr. Steve Rose and Dr. Tony Delitto

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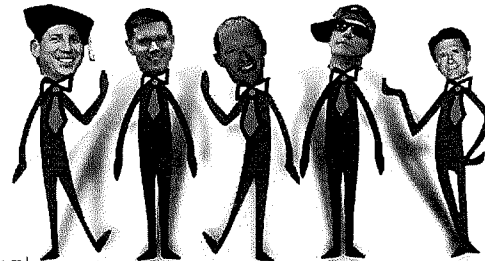
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## THE BLENDED CLASSROOM

One of the hottest trends in education is the 'blended' or 'flipped' classroom model. Let's face it, from preschool to graduate school; technology is changing the face of education. Physical therapy education is no exception. Despite a body of evidence suggesting that the traditional lecture style instruction is lacking, it remains the predominant mode of information exchange. In the last decade there has been a move towards the flipped classroom where students watch lectures at home at their pace and communicate with peers and faculty with online discussions. EIM is spearheading the 'flipped' movement in PT education. We have designed our programs and courses to allow you the flexibility to study and learn at home and travel a few weekends during the course of your program for the valuable hands-on training.

Watch the video below to learn more about EIM and how you can begin your blended classroom experience today!

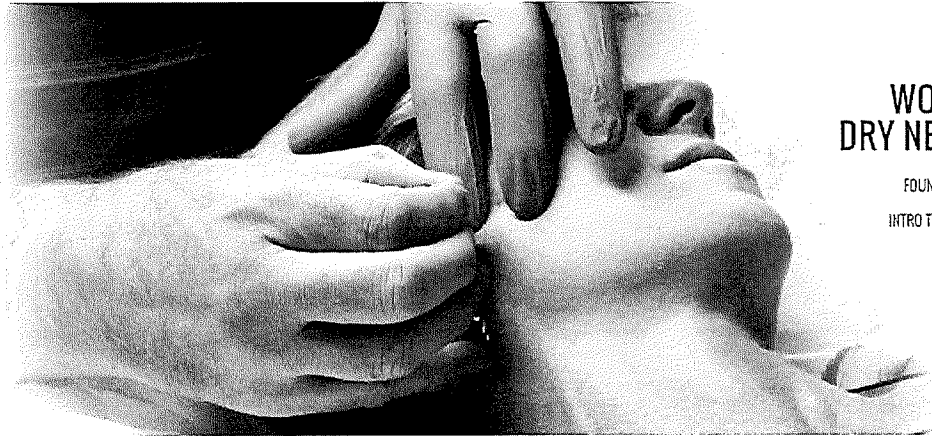


[Click here to review our educational offerings to decide which blended program or course is right for you!](#)



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## WORLD RENOWNED DRY NEEDLING PROGRAMS

FOUNDATIONS (DH-1 & DH-2) AND ADVANCED (DH-3)

INTRO TO CANINE MYOFASCIAL TRIGGER POINTS (CTPT-1)



### THE OBVIOUS CHOICE

Myopain Seminars offers the most comprehensive programs currently available in the United States. Our founders, Drs. Robert Gerwin, MD and Jan Dammerholt, PT, DPT studied and worked with Drs. Travell and Simons. Why not study with the source?



### UPCOMING COURSE DATES

Myopain Seminars provides courses throughout the year and across multiple continents in order to serve our students as efficiently and effectively as possible. Course dates are added often, so please check back soon if you can't see the date that you want.



### INTERNATIONAL COLLABORATION

The directors and faculty of Myopain Seminars strive to offer our course participants the latest worldwide developments, research, treatment approaches, and other pertinent information about myofascial trigger points and myofascial pain.

## WHY STUDY WITH MYOPAIN SEMINARS?

- Offering the most comprehensive programs currently available in the US, we do not only talk about evidence-based medicine, our students will gain a thorough understanding of the scientific basis of Manual Trigger Point Therapy, Dry Needling, Fascial Manipulation, and Cranio-mandibular Management.
- Myopain Seminars sets very high standards for its instructors. Did you know that all instructors of our dry needling courses, for example, have passed our certification examinations, have at least 10 years of clinical experience and have a combination of
  - A minimum of 5 years of clinical dry needling experience
  - A PhD degree
  - A transitional DPT degree
  - Fellowship status in the American Academy of Orthopedic Manual Physical Therapists
  - DCS certified
  - A minimum of 5 years of teaching experience in a master or doctoral physical therapy program
- Dr. Dammerholt and the instructors of Myopain Seminars have published more books, book chapters, peer-reviewed studies and articles, case reports, and literature reviews than course instructors of all other US course programs combined! Did you know that course instructors from some other course programs have never even published a chapter or article?
- Jan Dammerholt has published the only textbook on Trigger Point Dry Needling together with Cesar Fernandez-de-les-Pozas.
- Dr. Dammerholt and his team frequently lecture and teach all over the world. Take advantage of our international experience!
- Only Myopain Seminars offers trigger point courses for clinicians who legally are allowed to use dry needling and courses for clinicians who prefer or only are allowed to use manual techniques.





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855-209-1832 Setting the standard for Myofascial Trigger Point Education worldwide.

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## ACCREDITATION & CONTINUING EDUCATION

Myopain Seminars is recognized by the **Board of Certification, Inc.** to offer continuing education for **Certified Athletic Trainers**. Our provider number is P8248.

According to the **Maryland Acupuncture Board**, acupuncturists can claim up to 1.5 hours outside of the practice of acupuncture as allowed under the regulations.

Myopain Seminars is approved by the **National Certification Board for Therapeutic Massage and Bodywork (NCBTMB)** as a continuing education Approved Provider. Our provider number is 451467-10.

At the moment, Maryland regulations do not allow Myopain Seminars to issue any Continuing Medical Education credits. We regret the inconvenience this may cause.

The **American Association of Veterinary State Boards (AAVSB) RACE** committee has reviewed and approved Myopain Seminars to conduct continuing education programs.

**JANET G. TRAVELL, MD SEMINAR SERIES**

**DRY NEEDLING (DN) PROGRAM**




The Dry Needling (DN) courses meet the basic criteria of the Maryland State Board of Physical Therapy Examiners.

"This course has been approved by the Texas Board of Physical Therapy Examiners as meeting continuing competence requirements for PTs and PTAs." Please note that the Texas Board of Physical Therapy Examiners has approved the Myopain Seminars DN-1, DN-2, DN-3, and DN-4 courses.

**MANUAL TRIGGER POINT THERAPY (MTT) PROGRAM**

All courses of the Manual Trigger Point Therapy Program of Myopain Seminars meet the basic criteria of the Maryland State Board of Physical Therapy Examiners.

**CANINE TRIGGER POINT THERAPY (CTPT) PROGRAM**



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All courses of the Manual Trigger Point Therapy Program of Myopain Seminars meet the basic criteria of the Maryland State Board of Physical Therapy Examiners.

### CANINE TRIGGER POINT THERAPY (CTPT) PROGRAM

The American Association of Veterinary State Boards RACE committee has reviewed and approved the Canine Trigger Point Course as meeting the Standards adopted by the AAVSB. This program will be included under our approved provider listing on **AAVSB's website**. The Program Number is 712-9373.

The course has been approved for

- 16.00 hours of CE for **Veterinarians** (maximum for one veterinarian: 16.00)
- 16.00 hours of CE for **Veterinary Technicians** (maximum for one veterinary technician: 16.00)

Please contact the AAVSB RACE program at [race@aaavsb.org](mailto:race@aaavsb.org) or 877-698-8482 should you have any comments or concerns regarding this program's validity or relevancy to the veterinary profession, or if you have questions regarding this information.

### CLINICAL ANATOMY

The Clinical Anatomy (CA-1) course meets the basic criteria of the Maryland State Board of Physical Therapy Examiners. The 3-day course has been approved for 1.9 CEUs.

### CRAFTA® COURSE SERIES: CRANIOMANDIBULAR AND CRANIOFACIAL COURSES

The CRAFTA course program meet the basic criteria of the Maryland State Board of Physical Therapy Examiners. The 11-day course program has been approved for 9.1 CEUs.

### FASCIAL MANIPULATION (FM)

The FM courses of Myopain Seminars meet the basic criteria of the **Maryland State Board of Physical Therapy Examiners**. The Level 1 (1+b) course has been approved for 4.5 CEUs. The Level 2 (a+b) course has been approved for 4.4 CEUs.

The FM courses of Myopain Seminars meet the basic criteria of the **Maryland State Board of Chiropractic and Massage Therapy Examiners**. The Level 1 (1+b) course has been approved for 4.5 CEUs. The Level 2 (a+b) course has been approved for 4.4 CEUs.

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## DIRECTOR AND FACULTY

### THE DIRECTOR & FACULTY OF MYOPAIN SEMINARS

#### PROGRAM DIRECTOR

Jan Dommerholt, PT, DPT, MPS, DAAPM, is a Dutch-trained physical therapist who holds a Master of Professional Studies degree with a concentration in biomechanical trauma and health care administration, and a Doctorate in Physical Therapy from the University of St. Augustine for Health Sciences. Currently, he is pursuing a Ph.D. degree at Aalborg University in Denmark. Dr. Dommerholt has taught many courses and lectured at conferences throughout the United States, Europe, South America, and the Middle East while maintaining an active clinical practice. He is on the editorial board of the Journal of Bodywork and Movement Therapies, the Journal of Manual and Manipulative Therapy, and Cuadernos de Fisioterapia.



He has edited four books on **myofascial trigger points** and manual physical therapy, authored nearly 80 book chapters and over 80 articles on myofascial pain, fibromyalgia, complex regional pain syndrome, and performing arts physical therapy. He prepares a quarterly literature review column on myofascial pain for the Journal of Bodywork and Movement Therapies. Dr. Dommerholt is president/CEO of Myopain Seminars, Bethesda PhysioCare®, and CEO of PhysioFitness.

[Click Here for a list of Book Chapters by Dr. Jan Dommerholt](#)

[Click Here for a list of select Articles by Dr. Jan Dommerholt](#)

#### TRAVELL SEMINAR SERIES FACULTY

##### DRY NEEDLING (DN) SERIES SENIOR INSTRUCTORS

Tracey Adler, DPT, CCS, CMTPT, received a Bachelor's Degree in Physical Therapy from Georgia State University in 1979. While enrolled in the program, she received extensive training in manual therapy from Gordon Cummings, who trained directly with Geoffrey Maitland. In 1984, after conducting research on women with undiagnosed pelvic and abdominal pain, she received a Master's of Science Degree, specializing in orthopedic physical therapy from the Medical College of Virginia. She was board certified as an Orthopedic Specialist in 1993 and recertified in 2003. Dr. Adler completed her Doctorate of Physical Therapy from the Medical College of Virginia at Virginia Commonwealth University in May 2007. Since 2003, she has performed trigger point dry needling and was internationally certified in dry needling by Myopain Seminars and Janet G. Travell, MD Seminar Series in June 2007.



Dr. Adler specializes in treating patients with spinal, TMD, pelvic pain and acute/chronic musculoskeletal dysfunctions. She is on the adjunct faculty at MCV/VCU. She has had a private practice, **Orthopedic Physical Therapy**, since 1984. Dr. Adler is a member of the VPTA, APTA, Myopain Society, and IPPS. Her article, "Trigger-Point Needle Helps Relieve Chronic Pain" was featured in the July 26, 2008, *Richmond Times Dispatch*. On January 2, 2008, Tracey Adler spoke with Gloria Taylor Edwards and Shirley T. Burke on the "Speaking from the Heart" Radio Show on WCLM Radio 1450AM. The topic of their discussion was "The Magic of Dry-Needling." Listen to [part 1 \(MP3\)](#) and [part 2 \(MP3\)](#).

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## JANET G. TRAVELL, MD SEMINAR SERIES: DRY NEEDLING COURSES

### DRY NEEDLING COURSES

Starting in 2016, the Myopain Seminars Dry Needling course program consists of two Foundation courses (DN-1 and DN-2) and one Advanced course (DN-3). The Myopain Seminars Dry Needling courses incorporate a strong pain science perspective.

There are currently two major schools of thought in the pain science literature. According to one school of thought, once pain becomes chronic, input from peripheral nociceptors contributes little or not at all to the ongoing pain. The second school maintains that even in chronic or persistent pain states, peripheral nociceptive input can activate and maintain the pain experience.

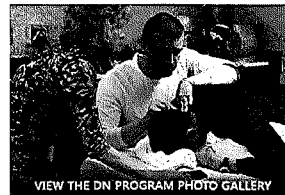
At Myopain Seminars, we maintain that the current scientific literature supports the notion that persistent peripheral nociceptive input contributes to chronic pain states. By removing this nociceptive input, clinicians can positively contribute to the well-being of patients with chronic pain problems. Our dry needling courses fit well within a biopsychosocial pain management approach and include so much more than just learning how to use needles. Our home study modules and lectures cover an in-depth review of contemporary pain sciences.

According to Dr. Hong-You Gu, MD, PhD, "The importance of central sensitization is overestimated over the last decade by scientists. It gives a wrong guidance to the therapists and researchers toward the brain and not to the peripheral noxious input. However, we can not ignore the importance of central sensitization in pain and motor dysfunction propagation, but it is still maintained by peripheral noxious inputs."

All courses include online lectures that students will complete in the comfort of their own home or office.

The textbook *Trigger Point Dry Needling: An Evidence and Clinical-Based Approach* by Jan Dommerholt and Cesar Fernández-de los Peñas is the required course book for all Dry Needling courses. Students can purchase the book from Myopain Seminars or from any other vendor. In addition, all participants will receive a well-illustrated full-color course workbook and a reader with pertinent scientific studies.

The Dry Needling courses are competitively priced at \$995 per course for the DN-1 and DN-2 courses and \$1,095 for the DN-3 course, which includes the examination fee. The Dry Needling courses feature excellent instructor-student ratios.



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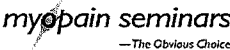
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### TRANSITIONING FROM THE "OLD" TO THE "NEW" PROGRAM

- If you completed only the old DN-1, the best option is to attend the new **DN-1** at a 50% discount, followed by the new DN-2 and DN-3 courses.
- If you completed only the old DN-2, the best option is to attend the new **DN-1**, followed by the new **DN-2** at a 50% discount and the **DN-3** course. There are no discounts for attending the new DN-3 course.
- If you completed the old DN-1 and DN-2, attend the new DN-2 and DN-3 courses
- If you completed the old DN-1, DN-2, and DN-3, attend the new DN-3 course. There are no discounts for attending the new DN-3 course.

### FACULTY

The Dry Needling courses are taught by **Myopain Seminars Dry Needling Faculty**, which includes

- **Senior Instructors:** Dr. Jan Dommersholt, Dr. Robert Gerwin, Dr. Tracey Adler, Dr. Michelle Layton, Dr. Johnson McEvoy, Dr. Robert Stenborough, and Mr. Erik Wiltmans;
- **Instructors:** Dr. Andrew Bell, Dr. Amanda Blackmon, Dr. Joe Donnelly, and Dr. Savas Koutsantonis;
- **Lab Instructors:** Dr. Carlos Beria, Ms. Erika Bourne, Ms. Anne Campbell, Dr. Jonathan Claude, Dr. Andrew Contreras, Dr. Jennifer Flage Hobson, Mr. Todd Hooks, Dr. Francis Jung, Mr. Mike Karegeannes, Mr. Andy Kerk, Dr. Aart Schultenklopper, Dr. Ralph Simpson, and Dr. Colleen Whiteford.

Myopain Seminars sets very high standards for its instructors. Did you know that all instructors of our dry needling courses, for example, have passed our certification examinations, have at least 10 years of clinical experience and have a combination of

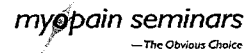
- A minimum of 5 years of clinical dry needling experience
- A PhD degree
- A transitional DPT degree
- Fellowship status in the American Academy of Orthopedic Manual Physical Therapists
- OCS certified
- A minimum of 5 years of teaching experience in a master or doctoral physical therapy program

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## CORPORATE SPONSORSHIP

Myopain Seminars offers the Dry Needling courses as "open" or host courses, and "corporate" or sponsored courses for private companies. To explore bringing Myopain Seminars' course programs to your practice or hospital, please contact us. [Click here](#) to learn more about sponsoring a course or view our current Partners.

## TAKING DN COURSES AS PART OF YOUR NXT GEN RESIDENCY OR FELLOWSHIP

Through an exclusive partnership with Nxt Gen, the Myopain Seminars DN-1 and DN-2 courses can count as an elective track in the Nxt Gen Fellowship. [Click here](#) for more information.



## ELIGIBILITY

The workshops are designed for licensed healthcare practitioners, who are allowed to use dry needling in their practice and jurisdiction, including physicians and physician assistants, dentists, veterinarians, physical therapists, chiropractors, acupuncturists, nurses, and nurse practitioners. Medical residents and physical therapy residents are eligible for these courses.

## DRY NEEDLING PROGRAM- FOUNDATIONS I & II

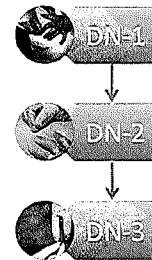
Myofascial trigger points are a common feature of nearly all pain syndromes, including fibromyalgia, and are characterized by persistent pain, loss of function and movement impairments. Treatment may involve manual therapy techniques, including dry needling or injections, correcting biomechanical and postural dysfunction, and restoring normal movement patterns.

The Foundations courses consist of two three-day hands-on workshops to teach the techniques of trigger point identification and the concepts of dry needling with an emphasis on the most common muscles seen in clinical practice. The Foundations courses have to be taken in order.

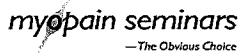
Prior to the courses, students will receive several home study modules, consisting of videos of lectures, hand-outs and several scientific articles.

The DN-1 course included a brief historical review of myofascial pain, pain models and the neuro-matrix, an introduction to relevant pain sciences, inter- and intra-rater reliability, motor endplate dysfunction, elastography, and the characteristics of trigger points.

The DN-2 course includes a review of the scientific basis of myofascial pain, the chemical environment of trigger points, the role of botulinum toxin, the etiology of trigger points, and other theoretical hypotheses. In addition students will be introduced to various



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The DN-2 course includes a review of the scientific basis of myofascial pain, the chemical environment of trigger points, the role of botulinum toxin, the etiology of trigger points, and other theoretical hypotheses. In addition students will be introduced to various clinical aspects of myofascial pain, such as tension-type headaches, migraines, low back pain, plantar fasciitis, carpal tunnel syndrome, and post-mastectomy. Much attention will be paid to peripheral and central sensitization and the consequences for clinical practice.

Students can review the lectures in the comfort of their home or office. During the actual course, the most pertinent aspects of the theoretical modules will be reviewed with time for questions and comments. Each teaching block consists of an introductory lecture and demonstration, followed by supervised hands-on practice in small groups. This is a training program with immediate clinical applicability upon completion. The **Foundation courses (DN-1 and DN-2) must be taken in order and are prerequisites for the Advanced Level course (DN-3)**. Each course includes a theoretical examination and a practical competency test.

### DRY NEEDLING (DN) PROGRAM: ADVANCED DN-3

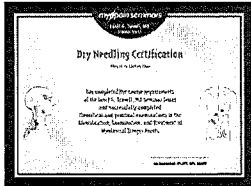
Following successful completion of the Foundations courses, students are encouraged to attend the Advanced Dry Needling course (DN-3).

The Advanced dry needling course will bring the clinician to the highest level of clinical proficiency in the management of patients with myofascial pain. Other dry needling topics include the treatment of scar tissue, enthesopathy, and tendinopathy. This is a two-day course followed by comprehensive theoretical and practical examinations on the third day.

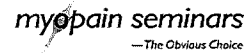
Students will learn to examine and treat all accessible muscles in the body, while gaining a profound understanding of the scientific literature. We do not believe that there are any other course programs in the US that offer the same level of instruction and depth.

### DRY NEEDLING CERTIFICATION

Immediately following the second day course of the DN-3 course, Myopain Seminars offers students the opportunity to demonstrate mastery of contemporary pain science insights and research by completing our comprehensive theoretical examination. The theoretical examination consists of 80 multiple choice questions. To pass the examinations a minimum score of 70% is required. Upon completing the theoretical exam, students continue with practical examinations, which consist of a demonstration of dry needling therapy for two randomly selected muscles. One of the muscles is on the chest wall, while the other muscles is selected from other parts of the body.



Successful completion of the theoretical and practical examinations allows graduates to use the CMTPT distinction, which stands for



literature. We do not believe that there are any other course programs in the US that offer the same level of instruction and depth.

## DRY NEEDLING CERTIFICATION

Immediately following the second day course of the DN-3 course, Myopain Seminars offers students the opportunity to demonstrate mastery of contemporary pain science insights and research by completing our comprehensive theoretical examination. The theoretical examination consists of 80 multiple choice questions. To pass the examinations a minimum score of 70% is required. Upon completing the theoretical exam, students continue with practical examinations, which consist of a demonstration of dry needling therapy for two randomly selected muscles. One of the muscles is on the chest wall, while the other muscles is selected from other parts of the body.



Successful completion of the theoretical and practical examinations allows graduates to use the CMTPT distinction, which stands for 'Certified Myofascial Trigger Point Therapist.'

*"The Myopain Seminars dry needling courses are the best courses I have taken and I have taken them all. The instructors' professionalism, knowledge, and passion were evident and they were one of the reasons the courses were that great. I am more proud of my CMTPT credentials than any of my other credentials. I highly recommend this dry needling program!"* —Sam Anderson, PT, DPT, OCS, MTC, ATC/L, CMTPT, Mesa, AZ

*"I have taken a basic and advanced Dry Needling series with another provider and have been practicing Dry Needling for 3 years. I recently took the first Myopain Seminars Trigger Point Dry Needling course because I wanted the perspective of Jan Dummerholt, who has done an impressive amount of writing and research on this technique. Myopain's approach is much more thorough, specific and refined relative to what I had been exposed to. I know that my practice of this technique is more effective and safe following the first Myopain course and I plan on completing their full certification curriculum."* —Phil Rolfe PT, DPT ATC, Durham, NC

Select a course from the list below to see full information, including prerequisites.

- DN-1, Foundations I
- DN-2, Foundations II
- DN-3, Advanced

Dry Needling (DN) Program DN-1: Foundations I | Myopain Seminars - Google Chrome

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PROGRAM OVERVIEW

The DN-1 Foundations I course features a brief introduction to the history of dry needling, trigger points and myofascial pain, the OSHA Blood Borne Pathogen Standards within the context of dry needling, and an introduction to relevant pain sciences.

Many muscles commonly addressed in clinical practice are included, such as the infraspinatus, upper trapezius, deltoid, sternocleidomastoid, triceps, biceps, brachialis, levator scapulae (partially), the latissimus dorsi (partially), the subscapularis (partially), brachioradialis, the wrist extensors, the supinator and anconeus, the quadratus lumborum, psoas major/lumbar iliocostalis, the gluteal muscles (minimus, medius, and maximus), the hip adductor muscles, the quadriceps and hamstrings, and gastrocnemius and soleus muscles.

Students will review the anatomy, function, and dry needling techniques for each muscle.



PREREQUISITES

None.

ELIGIBILITY REQUIREMENTS

The workshops are designed for licensed healthcare practitioners, who are allowed to use dry needling in their practice and jurisdiction, including physicians and physician assistants, dentists, physical therapists, occupational therapists, chiropractors, acupuncturists, nurses, and nurse practitioners. Entry-level students are not eligible for the dry needling courses, but medical residents and physical therapy residents are welcome to attend.

All participants are expected to participate in the hands-on portion of the course. By registering for this course, participants agree to practice the various manual and needling techniques on each other. Prior to the course, all participants must sign a waiver (view sample waiver) absolving Myopain Seminars, the program directors, and the instructors of any liability in the event of injury.

Massage therapists, bodyworkers, neuromuscular therapists, physical therapy assistants, and occupational therapy assistants are encouraged to attend courses offered through the Myopain Seminars Manual Trigger Point Program.

COURSE OBJECTIVES

Upon completion of the course, participants will be able to:

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Bethesda, MD 20814-4536

855-209-1832

info@myopainseminars.com

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- Understand the basic principles of applied pain sciences
- Identify select muscles of the body by surface anatomy and by function
- Identify the features of the trigger point by physical examination and apply this knowledge to individual muscles in different regions of the body
- Understand common precipitating and perpetuating factors of trigger points
- Perform muscle and region-specific manual therapy treatments to inactivate myofascial trigger points and restore movement patterns and posture, integrating various treatment techniques including dry needling and manual trigger point therapy
- Understand the basic principles of dry needling and trigger point injections

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### SCHEDULE

*Note: The actual times may vary with each program at the discretion of the instructor. Coffee breaks are provided, meals are on your own.*

|                                 |                    |  |
|---------------------------------|--------------------|--|
| <b>Day 1</b><br>7:30 am-6:30 pm | 7:30-8:30          | Review of Intro Lecture  |
|                                 | 8:30-9:30          | Palpation Lab  |
|                                 | 9:30-9:45          | Break  |
|                                 | 9:45-10:45         | Needle Handling Lab  |
|                                 | 10:45-11:45        | DSHA, Needle Precautions   |
|                                 | 11:45-12:45        | Lunch  |
|                                 | 12:45-2:00         | Infraapophysis   |
|                                 | 2:00-3:15          | Deltaids   |
|                                 | 3:15-3:30          | Break  |
|                                 | 3:30-4:30          | Diaphragm and Thoracic   |
| 4:30-5:30                       | Triceps            |  |
| 5:30-6:30                       | Upper Trapezius    |  |
| <b>Day 2</b><br>7:30 am-6:30 pm | 7:30-8:30          | Review of Intro to Pain Sciences   |
|                                 | 8:30-9:30          | SDV  |
|                                 | 9:30-9:45          | Break  |
|                                 | 9:45-11:15         | Latissimus Dorsi (axillary portion) and Pectoralis Major (axillary and clavicular portion) |
|                                 | 11:15-12:15        | Scapulars (lateral approach)   |
|                                 | 12:15-1:15         | Lunch  |
|                                 | 1:15-2:45          | Bicbrachioradialis and Wrist Extensors   |
|                                 | 2:45-3:45          | Supinator/Anconeus   |
|                                 | 3:45-4:30          | Break  |
|                                 | 4:30-5:15          | DL and Psoas   |
| 5:15-6:30                       | Girpus mix/mix/mix |  |
| <b>Day 3</b><br>7:30 am-3:30 pm | 7:30-9:00          | Adductor longus, brevis, magnus/quadrilis  |
|                                 | 9:00-10:00         | Peroneus   |
|                                 | 10:00-10:15        | Break  |
|                                 | 10:15-11:45        | Quadriceps and Hamstrings  |
|                                 | 11:45-12:45        | Lunch  |
|                                 | 12:45-1:45         | Gastrocnemius/Soleus   |
|                                 | 1:45-2:30          | Post Quiz and Review **  |
|                                 | 2:30-3:30          | Course Completion Check Off **   |

\*\* In addition, students will have 5 hours of home study modules to review prior to each course.




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BOOKS AND CHAPTERS BY MYOPAIN SEMINARS FACULTY


BOOKS CO-EDITED BY JAN DOMMERHOLT



**Manual Therapy for Musculoskeletal Pain Syndromes: An Evidence and Clinical-Informed Approach** Edited by Cesar Fernández-de-las-Peñas, Joshua A. Cleland, and Jan Dommerholt

This eleven-section manual includes the best proven approaches from physiotherapy research and practice to assist clinicians in the diagnosis and treatment of their patients suffering from musculoskeletal pain. Sections include massage, trigger points, neural muscle energy, manipulations, dry needling, and much more. Learn more about this state of the art manual in the link below.

More Information and Purchase from: [Amazon.com](#) | [The Book Depository](#)



**Trigger Point Dry Needling: An Evidence and Clinical-Based Approach** by Jan Dommerholt and Cesar Fernández-de-las-Peñas

The first part of the textbook discusses current aspects of myofascial pain provoked by myofascial trigger points and the relevance of muscle pain to different musculoskeletal chronic pain conditions. The introductory section includes a comprehensive review of myofascial pain, the neurophysiological mechanisms of dry needling, fascial aspects of needling therapies, and safety guidelines of dry needling.


The second and main part of the textbook is focused on clinical applications of deep dry needling targeted at inactivating myofascial trigger points located in muscles from the head and neck to the feet. This part is a unique feature, as no previous text has covered the application of deep dry needling of myofascial trigger points from a clinical point of view.

The third part of the textbook includes other needling approaches—superficial dry needling, Western medical acupuncture, Intramuscular Stimulation, and Fu's Subcutaneous Needling—which may be applied to myofascial trigger points or other painful locations.



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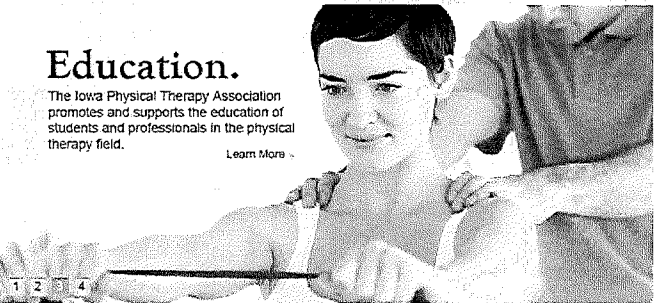
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Iowa IPTA is here for you. We are currently celebrating 66 years as the Iowa Chapter of the American Physical Therapy Association.

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2015 Fall Conference



Please join us for the 2015 Fall Conference at Iowa State University in Ames. Click [here](#) to view the conference program or register.

We will be offering exhibitor opportunities on Thursday, November 5 and Friday, November 6. Click [here](#) for the exhibitor brochure or click [here](#) to register.

Foundation



Support the future of physical therapy and enhance your legacy as a physical therapy professional. Consider making a tax deductible contribution to the Iowa Physical Therapy Foundation.

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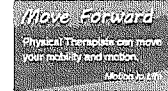




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## Information for Sponsors of Continuing Education

### Guidelines for Continuing Education Sponsors

The Bureau of Professional Licensure does not pre-approve continuing education providers, sponsors or individual programs. It is the licensee's responsibility to determine if the continuing education programs they attend meet the requirements of their professional licensure board.

Potential sponsors are responsible for independently determining if the programs they provide conform to the continuing education requirements set forth in the rules/regulations of the professional boards.

To make this determination, thoroughly review the rules for the board(s) in which you are interested prior to offering continuing education to Iowa licensees. By providing inclusive information about the content, objectives and applicability of your program to professional practice, you will assist licensees to make informed decisions when selecting continuing education.

A percent of licensees in every profession regulated by the Bureau of Professional Licensure are randomly audited following each license renewal cycle. For auditing purposes the licensee must submit to the board office an individual certificate of completion issued to the licensee or evidence of successful completion of the course from the course sponsor. These documents must contain the course title, date(s), contact hours, sponsor and licensee's name. In some instances, licensees will be requested to provide to the board additional information to assure compliance with continuing education requirements, including program content, objectives, presenter, location and schedule. For this reason, sponsors should provide these items to licensees in writing. Many times an inclusive brochure meets this requirement.

Additionally, sponsors should consider profession-specific requirements that licensees must address to assure compliance with continuing education rules when preparing written materials such as method of presentation (home study, ION, etc.), inclusion of specific hours on ethics and Iowa law and rules, certification status by national associations or boards, clinical content, and hours required in a specific practice discipline.

In summary sponsors should:

- Be familiar with the continuing education requirements of their professional audience
- Provide inclusive written materials to all program participants
- Notify licensee that materials should be retained for four years for auditing purposes
- Provide a certificate of completion that includes the program or course title, date(s), contact hours, sponsor and licensee's name

[Click to download the Guidelines for Continuing Education Sponsors](#)

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## Guidelines for Licensees

### How to Select and Document Continuing Education

The Bureau of Professional Licensure does not pre-approve continuing education providers, sponsors or individual programs. It is the licensee's responsibility to determine if the continuing education programs they attend meet the requirements of their professional licensure board.

A percent of licensees are randomly audited following each license renewal cycle. If selected, the licensee must submit to the board office an individual certificate of completion issued to the licensee or evidence of successful completion of the course from the course sponsor. These documents must contain the course title, date(s), contact hours, sponsor and licensee's name. In some instances, licensees will be requested to provide to the board additional information, including program content, objectives, presenters, location and schedule. Many times an inclusive brochure meets this requirement.

When selecting continuing education programs, licensees need to make sure they are compliant with administrative rule requirements. Some professions require specific conditions to exist such as presentation method (home study, ICF, etc.), specific hours on ethics and Iowa law and rules, certification status by national associations or boards, clinical content, and hours required in a specific practice discipline, as well as other items. To ensure compliance, each licensee must understand the continuing education administrative rules for their profession prior to choosing and attending a particular program. No matter what a program brochure indicates, it is the responsibility of the licensee to ensure compliance with licensing requirements.

In summary, all licensees should:

- Be familiar with the continuing education requirements of their professional boards
- Obtain inclusive written materials about continuing education programs from program sponsors for post-renewal auditing purposes
- Maintain certificates of completion that includes the program or course title, date(s), contact hours, sponsor and licensee's name for four years.

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**Our History**

**The Organization of Physical Therapists in Iowa**  
 by IPTA Historian Laurie Hiett, PT

An organizational meeting was held in Iowa City Nov. 23, 1940, to form an association of Iowa physical therapists. On Dec. 14, 1940, in Des Moines, the association was officially organized, and Lorraine Frost was elected president, Hilma Anderson, vice president and Helen Foss, secretary-treasurer. At its inception, the association had 13 members.

A charter was issued to the Iowa Chapter by the American Physical Therapy Association June 17, 1949. The Chapter was incorporated in Iowa Feb. 11, 1955, as the Iowa Chapter American Physical Therapy Association. In January 1955, legislation was introduced to license physical therapists in Iowa. On May 27, 1955, Governor Harold Hughes signed the bill into law, which became effective July 4, 1955. The first physical therapists on the licensure board were Ann McCollery, Philip Abed and Frank Hazelton. In 1990 the name was changed to Iowa Physical Therapy Association.

An allied foundation was established in 1985. Incorporated on March 31, 1986, as the Iowa Chapter American Physical Therapy Foundation, the name was changed in 1990 to Iowa Physical Therapy Foundation.

**Legislation**

Legislation permitting evaluation of patients without referral became law July 1, 1984. Legislation permitting direct patient access to physical therapists without physician referral was signed by Gov. Terry Branstad Feb. 5, 1989, and took effect July 1, 1989.

On June 4, 1991, Gov. Terry Branstad signed into law a bill licensing physical therapist assistants in Iowa, and the bill took effect July 1, 1991.

**Education**

Physical therapist education programs in Iowa were established in 1942 at the University of Iowa in Iowa City, in 1968 at Des Moines University, Osteopathic Medical Center in 1993 at St. Ambrose University in Davenport and in 1986 at Clarke College in Dubuque.

Physical therapist assistant education programs in Iowa were established in 1988 at Indian Hills Community College in Ottumwa, in 1994 at Western Iowa Technical Community College in Sioux City, in 1994 at Kirkwood Community College in Cedar Rapids, in 1995 at North Iowa Area Community College in Mason City and in 2008 at Mercy College of Health Sciences in Des Moines.

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## Advocacy

The IPTA is committed to engaging members in advocacy opportunities at the local and national level.

### Dry Needling Meeting - Thursday August 27

[Agenda and Meeting Materials](#)

[FSBPT report](#)

### Co Pay Bill Signed by the Governor

On Thursday, July 2, 2015, Iowa Governor Terry E. Branstad took action on 14 bills including the signing of SF505 which included the copay legislation language. The Iowa Physical Therapy Association is extremely pleased to see the legislation has been signed and was in effect as of July 1, 2015.

This change will affect health plans delivered, issued for delivery and continued or renewed in Iowa on or after July 1, 2015. If you have patients who are still responsible for high co-pays please direct them to their insurance company.

We are very grateful to those who responded to our action alert to contact the governor by postcard and email. It was a grassroots effort that yielded great results for our profession. Thank you all for your commitment to our profession and patients!

### 2015 IPTA Legislative Priorities

[Co-Pay Equity for Occupational & Physical Therapy Patients](#)

The Iowa Physical Therapy Association is seeking legislation which would limit patient health insurance co-pays for physical therapy services. During the 2012 legislative session, the Legislature passed legislation providing co-pay relief to patients of chiropractors. IPTA is committed to securing similar legislation that would limit patient co-pays to not exceed those for an office visit with a primary care physician so patients have access to the care they need. To find out more information about the co-pay legislation, [click here](#).

### Iowa Physical Therapy - PAC

Help the Iowa Physical Therapy PAC reach their fundraising goals by donating today. To donate and find out more information about the important work of the IPT-PAC, [click here](#).

### 2015 IPTA Lobby Day


The 2015 IPTA Lobby Day was a success! Thank you to the IPTA members & DMU students who attended and spoke with your legislators. To view the Lobby Day photo gallery, [click here](#).





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## Vision Statement for the Physical Therapy Profession and Guiding Principles to Achieve the Vision

Adopted by APTA's House of Delegates (House) in 2013, APTA's **Vision Statement for the Physical Therapy Profession** is supported by **Guiding Principles to Achieve the Vision**, which demonstrate how the profession and society will look when the vision is achieved. APTA's strategic plan helps the association work toward this vision.

**Vision Statement for the Physical Therapy Profession**

Transforming society by optimizing movement to improve the human experience.

**Guiding Principles to Achieve the Vision**

Movement is a key to optimal living and quality of life for all people that extends beyond health to every person's ability to participate in and contribute to society. The complex needs of society, such as those resulting from a sedentary lifestyle, beckon for the physical therapy profession to engage with consumers to reduce preventable health care costs and overcome barriers to participation in society to ensure the successful existence of society far into the future.


While this is APTA's vision for the physical therapy profession, it is meant also to inspire others throughout society to, together, create systems that optimize movement and function for all people. The following principles of Identity, Quality, Collaboration, Value, Innovation, Consumer-centricity, Access/Equity, and Advocacy demonstrate how the profession and society will look when this vision is achieved.


The principles are described as follows:


**Identity.** The physical therapy profession will define and promote the movement system as the foundation for optimizing movement to improve the health of society. Recognition and validation of the movement system is essential to understand the structure, function, and potential of the human body. The physical therapist will be responsible for evaluating and managing an individual's movement system across the lifespan to promote optimal development; diagnose impairments, activity limitations, and participation restrictions; and provide interventions targeted at preventing or ameliorating activity limitations and participation restrictions. The movement system is the core of physical therapist practice, education, and research.

**Quality.** The physical therapy profession will commit to establishing and adopting best practice standards across the domains of practice, education, and research as the individuals in these domains strive to be flexible, prepared, and responsive in a dynamic and ever-changing world. As independent practitioners, doctors of physical therapy in clinical practice will embrace best

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**Quality.** The physical therapy profession will commit to establishing and adopting best practice standards across the domains of practice, education, and research as the individuals in these domains strive to be flexible, prepared, and responsive in a dynamic and ever-changing world. As independent practitioners, doctors of physical therapy in clinical practice will embrace best practice standards in examination, diagnosis/classification, intervention, and outcome measurement. These physical therapists will generate, validate, and disseminate evidence and quality indicators, espousing payment for outcomes and patient/client satisfaction, striving to prevent adverse events related to patient care, and demonstrating continuing competence. Educators will seek to propagate the highest standards of teaching and learning, supporting collaboration and innovation throughout academia. Researchers will collaborate with clinicians to expand available evidence and translate it into practice, conduct comparative effectiveness research, standardize outcome measurement, and participate in interprofessional research teams.

**Collaboration.** The physical therapy profession will demonstrate the value of collaboration with other health care providers, consumers, community organizations, and other disciplines to solve the health-related challenges that society faces. In clinical practice, doctors of physical therapy, who collaborate across the continuum of care, will ensure that services are coordinated, of value, and consumer-centered by referring, co-managing, engaging consultants, and directing and supervising care. Education models will value and foster interprofessional approaches to best meet consumer and population needs and instill team values in physical therapists and physical therapist assistants. Interprofessional research approaches will ensure that evidence translates to practice and is consumer-centered.

**Value.** Value has been defined as "the health outcomes achieved per dollar spent."<sup>1</sup> To ensure the best value, services that the physical therapy profession will provide will be safe, effective, patient/client-centered, timely, efficient, and equitable.<sup>2</sup> Outcomes will be both meaningful to patients/clients and cost-effective. Value will be demonstrated and achieved in all settings in which physical therapist services are delivered. Accountability will be a core characteristic of the profession and will be essential to demonstrating value.


**Innovation.** The physical therapy profession will offer creative and proactive solutions to enhance health services delivery and to increase the value of physical therapy to society. Innovation will occur in many settings and dimensions, including health care delivery models, practice patterns, education, research, and the development of patient/client-centered procedures and devices and new technology applications. In clinical practice, collaboration with developers, engineers, and social entrepreneurs will capitalize on the technological savvy of the consumer and extend the reach of the physical therapist beyond traditional patient/client-therapist settings. Innovation in education will enhance interprofessional learning, address workforce needs, respond to declining higher education funding, and, anticipating the changing way adults learn, foster new educational models and delivery methods. In research, innovation will advance knowledge about the profession, apply new knowledge in such areas as genetics and engineering, and lead to new possibilities related to movement and function. New models of research and enhanced approaches to the translation of evidence will more expeditiously put these discoveries and other new information into the hands and minds of clinicians and educators.

**Consumer-centricity.** Patient/client/consumer values and goals will be central to all efforts in which the physical therapy profession will engage. The physical therapy profession embraces cultural competence as a necessary skill to ensure best practice in providing physical therapist services by responding to individual and cultural considerations, needs, and values.

**Access/Equity.** The physical therapy profession will recognize health inequities and disparities and work to ameliorate them through innovative models of service delivery, advocacy, attention to the influence of the social determinants of health on the consumer, collaboration with community entities to expand the benefit provided by physical therapy, serving as a point of entry to the health care system, and direct outreach to consumers to educate and increase awareness.

**Advocacy.** The physical therapy profession will advocate for patients/clients/consumers both as individuals and as a population, in practice, education, and research settings to manage and promote change, adopt best practice standards and approaches, and ensure that systems are built to be consumer-centered.

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## Strategic Plan

The Strategic Plan is the association's roadmap to decisions and actions over the next 3 to 5 years that will move us toward realizing APTA's Vision Statement for the Physical Therapy Profession. It is guided by the vision, the Association Purpose, and the Association Organizational Values (listed below) and builds on our past successes while preparing the association and the profession to thrive in the future.


The Strategic Plan is never "done." APTA reviews the plan regularly and updates as needed through an active, mindful process that looks at environmental changes and member input. By keeping the plan contemporary and relevant, the association better provides representation, services, and community to APTA members.

In 2015, APTA's Board of Directors updated the Strategic Plan to address 3 areas of transformation, in line with the vision: transforming society, transforming the profession, and transforming the association. The plan correlates closely with the 8 guiding principles of the vision: Identity, Quality, Collaboration, Value, Innovation, Consumer-Centricity, Accessibility, and Advocacy.

Keep in mind that the Strategic Plan addresses much of what APTA does, but not everything. Some operational activities aren't mentioned in the plan, yet they do some heavy lifting toward the mission of the association, enabling the activities of the Strategic Plan to continue.

### 2016 Strategic Plan

Download the Strategic Plan in Adobe PDF



#### TRANSFORM SOCIETY


Barriers to movement will be reduced at the population, community, workplace, home, and individual levels.

Objectives:

- Reform payment policy to reflect the essential role of physical therapists in movement, health and quality of life.
- Establish mutually beneficial partnerships to enhance society's understanding of physical therapists' movement expertise and remove barriers to movement.
- Physical therapists will develop and implement community-based measures of mobility.


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- Physical therapists will develop and implement community-based measures of mobility.
- Improve society's recognition and understanding of physical therapy and physical therapists as movement system experts.
- Leverage technology to advance physical therapists' role in enhancing movement.


**TRANSFORM THE PROFESSION**

Physical therapist practice will deliver value by utilizing evidence, best practice, and outcomes.

Objectives:

- Physical therapists demonstrate consistency in practice based on outcomes and evidence.
- Physical therapists self-identify as movement system experts.
- Ensure that physical therapist and physical therapist assistant education prepares practitioners for contemporary practice.


**TRANSFORM THE ASSOCIATION**

APTA will be a relevant organization that is entrepreneurial, employing disciplined agility to achieve its priorities.

Objectives:

- Develop and refine data sources to drive business intelligence in the areas of public affairs, professional affairs, finance and business affairs, and member affairs.
- Identify the sources and users of physical therapy information in an effort to make APTA the definitive source of such information.
- Achieve a greater market share of membership.

If you have questions about the Strategic Plan, please contact [nationalgovernance@apta.org](mailto:nationalgovernance@apta.org).

### Association Purpose

The American Physical Therapy Association exists to improve the health and quality of life for individuals in society by advancing physical therapist practice.

*The Association Purpose is APTA's reason for being. It answers the questions: "Why do we exist?" and "What would be lost if the organization ceased to exist?"*

### Association Organizational Values

Association members and staff working on behalf of the association:

- Are committed to excellence in practice, research, and education.

*The Association Purpose is APTA's reason for being. It answers the questions: "Why do we exist?" and "What would be lost if the organization ceased to exist?"*

Association members and staff working on behalf of the association:

- The Association Organizational Values apply to association staff and members as they work on behalf of the association. While they overlap with the professionalism core values for the PT and the values-based behaviors for the PTA, these organizational values are not intended to mirror them but to guide behavior focused on association activities.*

 = Members Only

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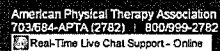
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# The Physical Therapist Scope of Practice

Special Notice: The APTA Board of Directors is asking for APTA member feedback on the draft definition of "physical therapist professional scope of practice" and guiding principles that support it. Feedback is due by September 11, 2015.

## Overview

Physical therapy is a dynamic profession with an established theoretical and scientific base and widespread clinical applications in the restoration, maintenance, and promotion of optimal physical function. Physical therapists are health care professionals who help individuals maintain, restore, and improve movement, activity, and functioning, thereby enabling optimal performance and enhancing health, well-being, and quality of life. Their services prevent, minimize, or eliminate impairments of body functions and structures, activity limitations, and participation restrictions. Physical therapy is provided for individuals of all ages who have or may develop impairments, activity limitations, and participation restrictions related to (1) conditions of the musculoskeletal, neuromuscular, cardiovascular, pulmonary, and/or integumentary systems or (2) the negative effects attributable to unique personal and environmental factors as they relate to human performance.

Physical therapists play vital roles in today's health care environment and are recognized as essential providers of rehabilitation and habilitation, performance enhancement, and prevention and risk-reduction services. Physical therapists also play important roles both in developing standards for physical therapist practice and in developing health care policy to ensure availability, accessibility, and optimal provision of physical therapy.

The scope of practice for physical therapists is dynamic, evolving with evidence, education, and societal needs, and has 3 components:

- Professional,
- Jurisdictional, and
- Personal

The following resources provide a foundation for understanding each of these scope of practice areas, as well as links to additional resources.

Professional Scope of Physical Therapist Practice

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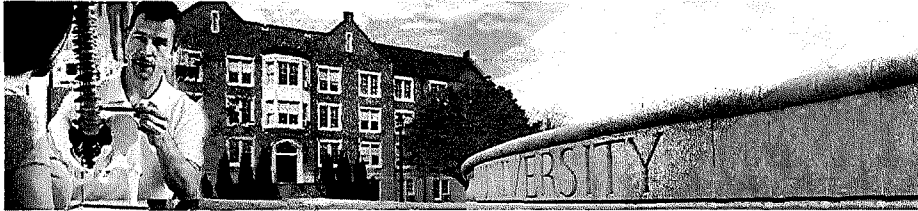
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### Welcome to CAPTE

The Commission on Accreditation in Physical Therapy Education (CAPTE) is an accrediting agency that is nationally recognized by the US Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). CAPTE grants specialized accreditation status to qualified entry-level education programs for physical therapists and physical therapist assistants.

Accreditation is a process used in the US to assure the quality of the education that students receive. It is a voluntary, non-governmental, peer-review process that occurs on a regular basis. [Learn more](#)

### Quick Facts

PT PROGRAMS

Number of Accredited Programs: 228

Students Enrolled 2014-15: 29,246

PTA PROGRAMS

Number of Accredited PTA Programs: 333

Students Enrolled 2014-15: 12,592

### Quick Links

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**What We Do**

The Commission on Accreditation in Physical Therapy Education (CAPTE):

- is the only accreditation agency recognized by the United States Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA) to accredit entry-level physical therapist and physical therapist assistant education programs;
- has been recognized as an independent agency since 1977 and has been the only recognized agency to accredit physical therapy programs since 1963;
- currently accredits over 200 physical therapist education programs and over 250 physical therapist assistant education programs in the US and three physical therapist education programs in other countries (Canada and Scotland);
- has 29 members from a variety of constituencies: PT and PTA clinicians, PT and PTA educators, basic scientists, higher education administrators and the public;
- maintains a cadre of more than 250 volunteers who are trained to conduct on-site reviews of physical therapy programs;
- conducts on-site visits to approximately 70 programs annually;
- reviews information from approximately one-third of all accredited programs at each meeting;
- is an active member of the Association of Specialized and Programmatic Accreditors (ASPA) and subscribes to the ASPA Code of Good Practice.

See What's Next

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**About Accreditation**

Accreditation is a process used in the US to assure the quality of the education that students receive. It is a voluntary, nongovernmental, peer-review process that occurs on a regular basis.

There are two types of accreditation: institutional and specialized/programmatic:

- Institutional accreditors assess the overall quality of institutions. Two types of institutional accrediting agencies exist: regional accreditors review many types of institutions within specific geographic areas; national accreditors review similar types of institutions throughout the U.S.
- Programmatic accreditors (also referred to as specialized accreditors) review individual programs of study, rather than the institution as a whole. This type of accreditation is granted to specific programs at specific degree levels.

**Accreditation is NOT a ranking system.** It is a system that assures the educational institution or program meets a defined set of quality standards, but it does not compare institutions and programs against others.

**Accreditation is NOT granted to individuals.** Individuals may be certified, licensed or registered, but they are not accredited.

Additional information about the value of accreditation is provided by the Council for Higher Education.

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## Importance of CAPTE Accreditation

Accreditation by CAPTE is a statement that a physical therapist or physical therapist assistant education program meets the standards for quality set by the profession. CAPTE accredits physical therapy programs that educate students for entry into the profession:

- professional physical therapist programs at the master's and clinical doctorate levels;
- technical physical therapist assistant programs at the associate's degree level.

CAPTE accreditation is important because:

- It helps students and their parents select programs that will provide the education necessary to enter the profession.
- It fosters quality educational experiences and helps to assure that the program is taught by qualified faculty, has the resources it needs to support the curriculum, meets its mission, has acceptable student outcomes, and provides accurate information to the public.
- It provides students and others a place to complain if an accredited program fails to meet its obligation to maintain compliance with CAPTE's Evaluative Criteria.
- Graduation from a CAPTE-accredited program is required for eligibility to sit for the licensing exam. It is also required in order to provide physical therapy services to patients/clients on Medicare.

## Who Benefits from Accreditation

The physical therapy accreditation process is a valuable service to the public, students, educational institutions, the programs, and the profession. For example:

**The public** is assured that accredited physical therapy education programs are evaluated extensively and conform to general expectations in the professional field. Because accreditation requires continual self-evaluation, regular reports, and periodic external review, the public can be assured the educational quality of the programs remains current and reflects changes in knowledge and practice of the profession. This assurance is particularly important to the patients who use physical therapy services, their families, and state licensure boards.

**Students** can identify those educational programs that meet their chosen profession's standards for a quality, relevant education. Graduation from an accredited program is required for licensure to practice physical therapy in all 50 states, the District of Columbia, and Puerto Rico; by all states currently licensing physical therapist assistants; and for individual membership in the American Physical Therapy Association.

**Institutions** of higher education and the education programs benefit from the stimulus for self-evaluation and self-directed improvement provided by the accreditation process. Accreditation status increases opportunities for public and private funding for both the institution and its students and enhances the credibility and reputation of the facilities and programs.

**The profession** benefits from its members' vital input into the standards established for entry-level education of its future professionals. The commitment to excellence in physical therapy practice is enhanced as the accreditation process brings together practitioners, teachers, and students in an activity directed toward continual improvement of professional education.

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## Mission, Vision &amp; Scope

## Mission

The mission of the Commission on Accreditation in Physical Therapy Education is to serve the public by assuring quality and continuous improvement in physical therapy education.

## Vision

The Commission on Accreditation in Physical Therapy Education is an autonomous, self-governing agency that functions globally to model best practices in specialized accreditation.

## Scope of Accreditation Activities

CAPTE accredits physical therapist professional education programs offered at the master's and clinical doctoral degree levels by higher education institutions in the United States and internationally. CAPTE also accredits paraprofessional physical therapist assistant technical education programs offered at the associate degree level by higher education institutions in the United States only.

Last Updated: 7/30/2015  
Contact: accreditation@apta.org



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## Who We Are

The Commission on Accreditation in Physical Therapy Education (CAPTE) is an accrediting agency that is nationally recognized by the US Department of Education (USDE) and the Council for Higher Education Accreditation (CHEA). CAPTE grants specialized accreditation status to qualified entry-level education programs for physical therapists and physical therapist assistants. CAPTE does not accredit institutions and is not a Title IV gatekeeper.

The Commission comprises broad representation from the educational community, the physical therapy profession, and the public. Members include physical therapy educators who are basic scientists, curriculum specialists, and academic administrators; physical therapy clinicians and clinical educators; administrators from institutions of higher education; and public representatives. The wide-ranging experience and expertise of this group in education in general and physical therapy education in particular provide ongoing assurance that the accreditation process of physical therapy education programs is fair, reliable, and effective.

The CAPTE Accreditation Process depends on the commitment of numerous volunteers, who undertake the important work of providing peer review of physical therapist and physical therapist assistant education programs. The volunteer groups include the CAPTE members and the Cadre of On-site Reviewers. Both groups are supported by staff of APTA.

**CAPTE Commissioners**  
The Commission on Accreditation in Physical Therapy Education is a group of 31 individuals, with varied backgrounds, who are charged with: determining whether a program meets the standards of quality in physical therapy education; determining what standards of quality to use (i.e., the Evaluative Criteria); and setting policy and procedure for the accreditation process.

**Cadre of On-site Reviewers (COR)**  
The Cadre of On-site Reviewers consists of approximately 250 PTs, PTAs, basic scientists and higher education administrators. Each member of the COR has undergone at least one 3-day training session to learn about CAPTE's expectations as well as how to conduct an on-site visit.

**CAPTE Staff**  
The APTA Accreditation Department is comprised of 8 individuals who provide support for the activities related to on-site visits and CAPTE meetings. Staff are also available to respond to questions about the accreditation process.

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8 COUNTY OF KING

9 **STATE OF WASHINGTON *ex rel.***  
10 **SOUTH SOUND ACUPUNCTURE**  
11 **ASSOCIATION, a State of**  
Washington non-profit corporation,

12 **Plaintiff,**

13 vs.

14 **KINETACORE, a Colorado LLC doing**  
business in the State of Washington; **EDO**  
15 **ZYLSTRA, CEO and owner of**  
Kinetacore; **KERI MAYWHORT, a**  
16 **Kinetacore instructor; EMERALD**  
**CITY PHYSICAL THERAPY**  
17 **SERVICES LLC doing business as**  
**SALMON BAY PHYSICAL THERAPY**  
18 **LLC, a limited liability company; JOHN**  
**DOES 1-10; and JANE DOES 1-10.**  
19

ORIGINAL

NO. 13-2-04894-9 SEA

**ORDER FOR PARTIAL SUMMARY  
JUDGMENT**

20  
21 This matter came before the Court upon Plaintiff's Motion for Partial Summary  
22 Judgment and Defendants Motion for Summary Judgment which the parties argued before the  
23 Court on October 10<sup>th</sup>, 2014.

24 The Court has reviewed and considered the following:

25 1. Plaintiff's Motion for Partial Summary Judgment, and the declarations from Brent  
ORDER GRANTING PARTIAL SUMMARY  
JUDGMENT - 1

**CRANE DUNHAM, PLLC**  
2121 FIFTH AVENUE,  
SEATTLE, WASHINGTON 98121-2510  
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- 1 Foster and Daniel Dingle and all supporting exhibits;
- 2 2. Defendants' Motion for Summary Judgment and supporting declarations and
- 3 exhibits;
- 4 3. Plaintiffs Response to Defendants' Motion for Summary Judgment and supporting
- 5 declarations and exhibits;
- 6 4. Defendants Response to Plaintiff's Motion for Partial Summary Judgment and
- 7 supporting declarations and exhibits;
- 8 5. Plaintiffs Reply to Defendants' Response to Plaintiffs' Motion for Partial Summary
- 9 Judgment and supporting declarations and exhibits;
- 10 6. Defendants Reply to Plaintiff's Response to Plaintiffs' Motion for Partial Summary
- 11 Judgment and supporting declarations and exhibits;
- 12 7. The parties' oral arguments before the court;

13 Based on the foregoing, and after consideration of the standard in Civil Rule 56,  
14 NOW THEREFORE IT IS HEREBY ORDERED that Plaintiff's Motion for Partial Summary  
15 Judgment is GRANTED and Defendants Motion for Summary Judgment is DENIED. It is  
16 further declared that:

17 A. A person that "penetrates the tissues of human beings" with an acupuncture  
18 needle or any other needle for purpose of "dry needling" or any similar named  
19 act ("dry needling") is practicing medicine under the statutory definition  
20 provided at RCW § 18.71.011(3) and is prohibited absent a physicians license  
21 as required by RCW § 18.71.021; *or other statutory authority;*

22 B. There is no factual dispute that defendants are not licensed physicians but have  
23 penetrated the tissues of human beings with acupuncture needles during the  
24 Kinestacore workshop and subsequent to the workshop and describe such acts as

1 "dry needling;"

2 C. The penetration of human tissue with an acupuncture needle or any similar needle  
3 used for dry needling is outside the plain text of the authorized scope of practice  
4 for physical therapy as adopted by the Washington Legislature in RCW §  
5 18.74.010(8);

6 D. The plain text of the physical therapy statute, applicable case law, and the  
7 legislative history of RCW § 18.74.010(8) each support that there was no  
8 legislative intent to authorize physical therapists to insert acupuncture needles  
9 into human tissue for the purpose of dry needling or any similar purpose;

10 E. As such, physical therapists are not exempt from the requirement for a  
11 physicians license pursuant to RCW § 18.71.030(4) prior to the penetration of  
12 human tissue with acupuncture needles or similar needles.

13 F. Unless otherwise specifically authorized to practice acupuncture under another  
14 professional licensures, such as a physician or practitioner of East Asian  
15 Medicine, a licensed physical therapists lacks the legal authority to penetrate  
16 human tissue with acupuncture needles, or any similar needle, for the purpose  
17 of dry needling. Such act constitutes the unauthorized practice of medicine  
18 which is prohibited under Washington statute. RCW § 18.71.021; RCW §  
19 18.71.011(3).

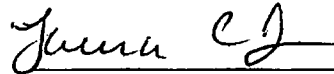
20  
21  
22 It is further declared that:

23 ¶ . Defendants are hereby enjoined from inserting acupuncture needles or any similar  
24 needles for the purpose of dry needling in the State of Washington;

1 H. Defendant Kinetacore is hereby enjoined from holding any workshops, classes or  
2 similar trainings in the State of Washington that involve <sup>conducting</sup> ~~any~~ penetration of human  
3 tissue with acupuncture needles or similar needles by physical therapists that lack  
4 the legal authority to penetrate human tissue pursuant to the findings above.

5 E. \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
8 \_\_\_\_\_

9  
10 Dated this 10 day of October, 2014.

11  
12  
13 

14  
15 C. Inveen

The Honorable Laura

16 Presented by:

17 **CRANE DUNHAM PLLC**

s/ Jason T. Leehan

18 s/Stephen J. Crane

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[jleeahan@cranedunham.com](mailto:jleeahan@cranedunham.com)

22 **LAW OFFICES OF BRENT FOSTER**

23 s/ Brent Foster, Pro Hac Vice

Oregon Bar No. 99263

24 Attorneys for Plaintiff

25 ORDER GRANTING PARTIAL SUMMARY  
JUDGMENT - 4

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## The Biomedicine Expanded Content Outline

(Effective as of February 1, 2014)

Note to Candidate: This document serves as a guide to assist in examination preparation for candidates who have met NCCAOM eligibility requirements. Below is the content outline for the Biomedicine module, along with the competency statements.

**Please note:** In regards to Clean Needle Technique (CNT), the Biomedicine module focuses on universal precautions and emergency situations in comparison to the Acupuncture with Point Location module which focuses on actual needling and its emergencies (e.g., needle angle and depth).

### DOMAIN I: Biomedical Model (90% of Total Exam)

A. Clinical Application of Biomedical Sciences (including anatomy, physiology, pathology, pathophysiology, etc.), Pharmacology, and Nutrients and Supplements **(30%)**

#### 1. Biomedical sciences

- Differentiate normal and abnormal structures and functions of the body systems from the conventional biomedical perspective
- Recognize signs, symptoms, and morbidities associated with common medical conditions
- Demonstrate knowledge of medical terminology

#### 2. Pharmacology

- Recognize functional classifications, mechanisms, side and adverse effects related to commonly used pharmaceuticals **(Refer to Appendix A: Pharmaceuticals)**
- Recognize routes of administration (e.g., intravenous, oral, subcutaneous)
- Demonstrate knowledge of the effects of the use of tobacco, alcohol, and drugs of abuse
- Recognize common, known pharmaceutical-supplement interactions



### 3. Nutrients and supplements

- Recognize major classifications, known actions, and potential adverse effects related to commonly used nutrients and supplements (**Refer to Appendix B: Nutrients and Supplements**)
- Recognize signs and symptoms associated with abnormal levels of commonly used nutrients and supplements

## B. Patient History and Physical Examination (25%)

Understand clinically relevant information gathered through history taking and physical examination.

*Candidates are expected to understand all aspects of the physical examination process. They are not expected to be able to perform all aspects of the physical examination themselves.*

### 1. Patient history\*

- Conduct a medical interview to obtain patient history
- Organize information obtained during interview into appropriate sections of the patient history
- Distinguish the relevant findings obtained during history taking

\*Patient History includes: chief complaint, history of present illness, allergies, past medical history, past surgical history, personal and social history, family history, current medications (prescription and non-prescription), herbs and supplements, review of systems

### 2. Physical examination

- Identify the components of the physical examination
- Recognize how each portion of the physical examination is performed
- Distinguish the relevant findings obtained from the physical examination



- a. General systems examination (e.g., vital signs, pulmonary, cardiovascular, gastrointestinal, integumentary, etc.)
  - Understand relevant examination techniques such as observation, auscultation, and palpation as applied to each system
  - Recognize how each portion of the general systems examination is performed
  - Distinguish the relevant findings obtained from the general systems examination
- b. Musculoskeletal examination
  - Understand relevant examination techniques including, but not limited to, range of motion, muscle strength testing, deep tendon reflexes, dermatomal testing, and special tests including orthopedic tests
  - Recognize how each portion of the musculoskeletal examination is performed
  - Distinguish the relevant findings obtained from the musculoskeletal examination
- c. Neurological examination
  - Understand relevant examination techniques including, but not limited to, assessment of cognitive function, evaluation of cranial nerves, sensory and motor function, and reflexes
  - Recognize how each portion of the neurological examination is performed
  - Distinguish the relevant findings obtained from the neurological examination

### 3. Imaging, laboratory tests, and other medical studies

#### a. Imaging

- Understand commonly used medical imaging studies (e.g., x-ray, MRI, CT, PET, colonoscopy, cystoscopy, bronchoscopy, etc.)
- Recognize the significance of information gathered from imaging studies

#### b. Laboratory tests

- Understand commonly used medical laboratory tests\*\* (e.g., complete blood count, basic metabolic panel, urinalysis, liver panel, cardiac panel, thyroid panel, pregnancy test, and reproductive hormones, etc.)

*\*\*normal ranges will not be tested*

- Recognize the significance of information gathered from laboratory tests

c. Other medical studies

- Understand other commonly used medical studies (e.g., EMG, EKG, etc.)
- Recognize the significance of information gathered from these studies

C. Clinical Assessment Process (30%)

Interpret clinically significant information gathered during history taking and physical examination to recognize pathological conditions. **(Refer to Appendix C: Medical Conditions)**

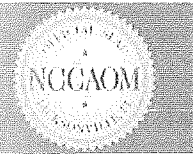
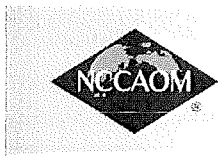
- Recognize abnormalities in the function of the body systems including, but not limited to, respiratory, cardiovascular, urogenital, reproductive, nervous, integumentary, musculoskeletal, and gastrointestinal systems
- Distinguish between relevant and non-relevant findings
- Recognize typical presentations of commonly encountered medical conditions
- Recognize commonly encountered ominous signs including, but not limited to, medical red flags, mental health red flags, and signs of abuse and trauma

D. Clinical Decision-Making and Standard of Care (5%)

Analyze information to determine appropriate patient management.

- Recognize medical conditions that may be treated without referral
- Recognize medical conditions that require co-management
- Recognize medical conditions that require a referral
- Differentiate the most appropriate type of referral\*\*\* (emergent, urgent, or routine), i.e., the timeframe within which the patient should be seen
- Recognize the conventional biomedical prognoses, management, and/or standard of care for common medical conditions **(Refer to Appendix C: Medical Conditions)**

\*\*\*emergent (immediate) referral; urgent (24 - 48 hours) referral; routine (48 hours - 7 days) referral



## **DOMAIN II: Office Safety and Professional Responsibilities (10% of Total Exam)**

Recognize and implement appropriate office safety standards and demonstrate knowledge of professional responsibilities.

### **A. Risk Management and Office Safety**

- Recognize situations that require special care or emergency management (e.g., burns, seizures, falls, anaphylaxis)
- Implement emergency office protocols including contacting emergency services as appropriate

### **B. Infection Control**

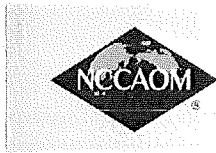
- Identify commonly encountered communicable diseases (e.g., hepatitis, HIV, tuberculosis)
- Identify modes of transmission (e.g., airborne, fecal-oral, vector) and appropriate preventive measurements for common communicable diseases
- Recognize the appropriate office management of commonly encountered communicable diseases and hazardous situations
- Recognize and apply universal precautions

### **C. Federal Regulations**

- Demonstrate knowledge of applicable Occupational Safety and Health Administration (OSHA) and other federal health agencies' requirements
- Demonstrate knowledge of applicable Health Insurance Portability and Accountability Act (HIPAA) requirements

### **D. Reporting and Record-Keeping**

- Demonstrate knowledge of the required contents and maintenance of medical records
- Demonstrate knowledge of mandated reportable conditions (e.g., elder and child abuse, infectious diseases, bioterrorism)
- Demonstrate knowledge of the definition and purpose of ICD, CPT, E&M codes
- Demonstrate knowledge of insurance types and requirements (e.g., general liability, malpractice insurance)



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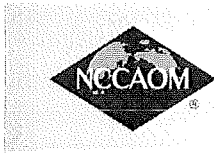
#### E. Ethics and Professionalism

- Demonstrate knowledge of *NCCAOM® Code of Ethics* and other ethical principles (e.g., informed consent, conflict of interest, negligence, boundary violations)
- Communicate effectively and professionally with patients, the public, and other healthcare providers

## **Appendix A: Pharmaceuticals**

Appendix A is a list of commonly used pharmaceutical categories. The exam will focus on but may not be exclusively limited to the list below.

- allergy/sinus medications
- angina medications
- antiasthmatic medications
- antibacterial medications
- anticancer medications
- anticoagulant medications
- antidepressants
- antidiabetic medications
- antidiarrheal medications
- antifungal medications
- antihyperlipidemic medications
- antihypertension medications
- antinausea medications
- anti-Parkinson medications
- antiprotozoal medications
- antipsychotics
- antiseizure medications
- antiviral medications
- appetite control/weight management medications
- cardiac medications
- central nervous system (CNS) stimulants/attention deficit medications
- cough medications
- drugs of abuse
- gastrointestinal medications
- hormonal replacement therapy
- immune modulators
- mood stabilizer medications
- non-steroidal anti-inflammatory drugs (NSAIDs)
- opioids
- osteoporosis medications
- sedatives, anxiolytic and sleep medications
- sexual dysfunction medications
- smoking cessation medications
- steroids
- stool softeners/laxatives
- thyroid medications
- topical skin medications

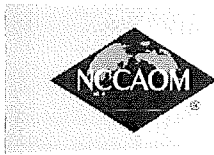


## **Appendix B: Nutrients and Supplements**

Appendix B is a list of commonly used nutrients and supplements. The exam will focus on but may not be exclusively limited to the list below.

- amino acids (e.g., L-glutamine, lysine, choline)
- antioxidants (e.g., coenzyme Q10, selenium)
- bone health (e.g., glucosamine sulfate, chondroitin sulfate)
- digestive support (e.g., enzymes, fiber, probiotics)
- hormones (e.g., melatonin, wild yams, DHEA)
- minerals (e.g., calcium, magnesium, potassium)
- mood support (e.g., St. John's Wort, Sam E, 5 HTP)
- vitamins (e.g., A, B1-B12, C, D, E, K)
- Western herbs (e.g., saw palmetto, milk thistle)





## **Appendix C: Medical Conditions**

The conditions (not system headings) listed below are categorized based on how frequently AOM practitioners reported seeing them in the clinical setting per the 2013 Job Analysis. This list is meant to serve as a study guide for the NCCAOM Biomedicine Examination Module to help prioritize focus of study. The exam will focus on but may not be exclusively limited to the conditions below.

The conditions marked with an asterisk (\*) signify diseases commonly associated with red flag signs and/or symptoms. Candidates are strongly advised to familiarize themselves with these conditions and the red flag signs and symptoms associated with them.

### **CATEGORY 1 Frequently Seen Conditions**

#### **Cardiovascular**

- \*Arrhythmias (e.g., atrial fibrillation, premature ventricular contraction, tachycardia, bradycardia)
- \*Blood pressure disorders (hypertension and hypotension)
- Atherosclerosis (e.g., coronary artery disease, peripheral vascular disease)

#### **Endocrine and Metabolic conditions**

- Thyroid disorders (e.g., Hashimoto's thyroiditis, Graves' disease)
- Pancreatic disorders (e.g., diabetes)
- Obesity
- Hyperlipidemia

#### **Gastrointestinal conditions**

- Gastroesophageal reflux disease
- Gastritis
- Inflammatory bowel disease (e.g., Crohn's disease, ulcerative colitis)
- Food sensitivity/allergies (e.g., celiac disease, lactose intolerance)
- Irritable bowel syndrome

#### **Mental and Behavioral conditions**

- \*Mood disorders (e.g., depression, bipolar)
- Anxiety



#### Musculoskeletal conditions

- Affecting upper extremities (e.g., frozen shoulder, bicipital tendinitis, carpal tunnel syndrome, epicondylitis)
- Affecting lower extremities (e.g., meniscal injuries, compartment syndrome, bursitis)
- Affecting the axial structures (e.g., whiplash, disc herniation, spinal stenosis, spondylolisthesis, TMJ)
- Osteoarthritis
- Osteoporosis

#### Neurological conditions

- \*Stroke
- \*Radiculopathies (e.g., nerve root, sciatica)
- Peripheral neuropathy
- Headache (e.g., cluster, tension, migraine, sinus, trauma)
- Sleep disorders (narcolepsy, sleep apnea, insomnia)

#### Pulmonary conditions

- Asthma
- Respiratory tract infections (e.g., sinusitis, viral infections, strep throat, bronchitis, pneumonia)
- Allergies
- \*Pneumothorax

#### Reproductive conditions

- Menstrual
- Infertility (e.g., polycystic ovarian syndrome, endometriosis)
- Menopause

#### Miscellaneous

- Multi-system conditions (Lyme disease, chronic fatigue, fibromyalgia, temporal arteritis)



## CATEGORY 2 Moderately Seen Conditions

### Cardiovascular

- \*Myocardial infarction
- \*Angina pectoris
- \*Heart failure
- \*Deep vein thrombosis
- Raynaud's disease
- \*Aneurysms

### Dermatological conditions

- Noncontagious skin conditions (cellulitis, shingles, acne, eczema, psoriasis, alopecia)

### Gastrointestinal conditions

- Peptic ulcer (e.g., H. pylori, Campylobacter)
- \*Diverticular disease (e.g., diverticulosis, diverticulitis)
- Hemorrhoids
- Gallbladder conditions (e.g., cholelithiasis, cholecystitis)

### Hematological conditions

- Anemia
- Bleeding disorders

### Infectious Disease

- Sexually transmitted infections
- Tuberculosis

- \*Viral infections (e.g., infectious mononucleosis, influenza, meningitis, conjunctivitis)

### Mental and Behavioral conditions

- Attention deficit disorder (ADD)/Attention deficit hyperactivity disorder (ADHD)
- Post-traumatic stress disorder (PTSD)

### Neurological conditions

- \*Transient ischemic attack (TIA)
- Parkinson's disease
- \*Vertigo
- Bell's palsy
- Trigeminal neuralgia
- \*Concussion and traumatic brain injury (TBI)

### Pulmonary conditions

- Chronic obstructive pulmonary disease

### Reproductive conditions

- Uterine (fibroids and bleeding)

### Miscellaneous

- Autoimmune disorders [systemic lupus erythematosus (SLE), rheumatoid arthritis (RA)]



### CATEGORY 3 Least Frequently Seen Conditions

#### Dermatological conditions

- \*Contagious skin conditions (lice, fungal infections, scabies)
- \*Skin cancers (e.g., basal cell, squamous cell, melanoma)
- Burns

#### Endocrine and Metabolic conditions

- Adrenal disorders (e.g., Cushing's, Addison's)

#### Gastrointestinal conditions

- \*Appendicitis
- Hepatitis
- Cirrhosis
- \*Pancreatitis

#### Hematological conditions

- Leukemia/lymphoma
- Hemochromatosis

#### Infectious Disease

- \*Bacterial infections (e.g., staph, MRSA, impetigo, meningitis)
- Childhood infectious conditions (measles, mumps, rubella, pertussis)
- Parasitic infections
- Foodborne illness

#### Mental and Behavioral conditions

- Autism spectrum
- \*Suicidality
- \*Eating disorders (anorexia nervosa, bulimia nervosa)

#### Neurological conditions

- Multiple sclerosis (MS)
- Dementia (e.g., Alzheimer's disease)
- Epilepsy

\*Oncology (lung, stomach, colon, pancreas, breast, prostate, uterine, bone, liver, cervical)

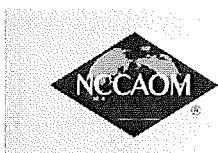
#### Ophthalmology/ENT

#### Reproductive conditions

- \*Complications related to pregnancy
- Breast conditions (e.g., mass, mastitis)
- Male Infertility
- Erectile dysfunction (ED)
- Prostate conditions (benign prostatic hyperplasia, prostatitis)

#### Urinary/Renal conditions

- \*Kidney Stones
- \*Infections (UTI, cystitis, pyelonephritis)
- Incontinence



## Biomedicine Bibliography

The Content Outline is the primary resource for studying for this examination. The purpose of this Bibliography is only to provide the candidate with suggested resources to utilize in preparation for the examination. Candidates should feel free to consider other resources that cover the material in the Content Outline.

*There is no single text recommended by NCCAOM. All NCCAOM modules and examinations reflect practice in the United States as determined by the most recent job analysis.*

*NCCAOM's item writers and examination development committee members frequently use the following texts as resources; however, the sources used are not limited to the books listed here. The NCCAOM® does not endorse any third-party study/preparation guides.*

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## **The Acupuncture with Point Location Expanded Content Outline**

**(Effective as of February 1, 2014)**

Note to Candidate: This document serves as a guide to assist in examination preparation for candidates who have met NCCAOM eligibility requirements. Below is the content outline for the Acupuncture with Point Location examination, along with the competency statements.

**Please note:** In regards to Clean Needle Technique (CNT), the Acupuncture with Point Location module focuses on actual needling and its emergencies (e.g., needle angle and depth) in comparison to the Biomedicine module which focuses on universal precautions and emergency situations.

### **DOMAIN I: Safety and Professional Responsibilities (10% of Total Exam)**

Apply standards of safe practice and professional conduct.

#### **A. Management of Acupuncture Office Emergencies**

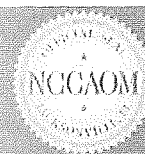
- Recognize and manage acupuncture office emergencies [e.g., moxa burns, heat lamp burns, needle shock, organ puncture, fainting, stuck needle(s)]
- Recognize the signs and or symptoms of internal hemorrhage or clotting disorders
- Recognize risk factors for individual patients (e.g., patients taking blood thinners, diabetes)

#### **B. Infection Control/Precautions**

- Recognize and apply knowledge of infection control and precautions (e.g., bloodborne pathogens, communicable diseases, universal precautions, needle stick)

#### **C. Patient Education and Communication**

- Communicate and discuss risks and benefits concerning acupuncture treatment with individual patient
- Communicate and discuss findings with individual patient
- Obtain legal informed consent
- Inform patient of initial treatment/procedure done
- Inform patient when there is a change in condition or treatment that may require a new plan of action



## **DOMAIN II: Treatment Plan (70% of Total Exam)**

Develop a comprehensive treatment plan using acupuncture points based on patient presentation and initial assessment.

### **A. Treatment Plan: Develop an Initial Treatment Plan**

#### **1. Point selection based on differentiation and/or symptoms (35%)**

- Identify pattern and develop treatment plan based on differentiation (e.g., syndrome/pattern, meridian/channel pathology, circadian rhythm)

##### **a. Cautions and contraindications**

- Recognize cautions and contraindications (e.g., pregnancy, organ damage)
- Determine appropriate points, needling methods and modalities for safe treatment

##### **b. Point category**

- Demonstrate knowledge and use of Antique/Five Transporting (Shu) points (e.g., Jing-Well, Ying-Spring, Shu-Stream, Jing-River, He-Sea)
- Demonstrate knowledge of theories and applications of source (Yuan) and connecting (Luo) points
- Demonstrate knowledge of theories and applications of Front-Mu (Alarm) points, Back-Shu (Associated) points and their combination(s) (e.g., excess/deficient, systemic imbalances)

##### **c. Channel theory**

- Demonstrate application of channel theory

##### **d. Function and/or indication of points and point combinations**

- Demonstrate knowledge of functions, indications and application of points and point combinations (e.g., distal/local, Window of the Sky, Five Elements, circadian rhythms, Six Stages, Four Levels)





e. Ashi points

- Demonstrate application or the use of Ashi points (including trigger points and motor points)

f. Extra points (**Refer to Appendix of Extra Points**)

- Demonstrate the knowledge of indications and application of Extra points

g. Auricular points

- Demonstrate knowledge of functions, indications, applications, precautions and contraindications of auricular acupuncture points and anatomical areas

h. Scalp areas

- Demonstrate knowledge of functions, indications, applications, precautions and contraindications of scalp acupuncture

2. Treatment techniques and mode of administration (**25%**)

- Demonstrate knowledge of treatment techniques and modes of administration

a. Cautions and contraindications

- Recognize cautions and contraindications for individual patient
- Recognize cautions based on anatomy

b. Patient position

- Demonstrate knowledge of appropriate patient position

c. Point locating techniques

- Demonstrate knowledge of point location (e.g., anatomical landmarks, Cun measurement, palpation)

d. Needle selection

- Recognize and demonstrate knowledge of appropriate needle selection (e.g., filiform, three-edged, plum-blossom, press tack, intradermal)



- Recognize and demonstrate knowledge and appropriate use of needles (e.g., length, gauge, filiform, three-edged, plum-blossom, press tack, intradermal)

e. Needling technique

- Demonstrate knowledge of needling techniques (e.g., insertion, angle, depth, stretching skin)
- Demonstrate knowledge of needle manipulation (e.g., arrival of Qi, reinforcing, reducing, lifting and thrusting, plucking, rotating, twirling)
- Demonstrate knowledge of appropriate needle retention
- Demonstrate knowledge of safe and appropriate needle removal

f. Moxibustion

1.) Direct

- Demonstrate knowledge of functions, indications, contraindications and application of direct moxibustion (e.g., thread, cone, rice grain)

2.) Indirect

- Demonstrate knowledge of functions, indications, contraindications and application of indirect moxibustion (e.g., stick/pole, on ginger, box)

3.) On needle handle

- Demonstrate knowledge of functions, indications, contraindications and application of moxibustion on needle handle

g. Additional acupuncture modalities

- Demonstrate knowledge of functions, indications, contraindications and application of other acupuncture modalities

1.) Cupping

- Demonstrate knowledge of functions, indications, contraindications and application of cupping



2.) Guasha

- Demonstrate knowledge of functions, indications, contraindications and application of Guasha

3.) Bleeding

- Demonstrate knowledge of functions, indications, contraindications and application of bleeding

4.) Intradermal needles, ear balls, seeds, pellets, tacks

- Demonstrate knowledge of functions, indications, contraindications and application of intradermal needles

5.) Electro acupuncture

- Demonstrate knowledge of functions, indications, contraindications and application of electro acupuncture

6.) Heat

- Demonstrate knowledge of functions, indications, contraindications and application of heat (e.g., TDP/heat lamp)

7.) Topical applications

- Demonstrate knowledge of functions, indications, contraindications and application of topical applications (e.g., liniment, plaster)

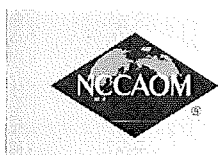
h. Related modalities

1.) Asian bodywork therapy and other manual therapies

- Demonstrate knowledge of indications and contraindications of Asian bodywork therapy and other manual therapies

2.) Exercise/breathing therapy

- Demonstrate knowledge of exercise/breathing therapy (e.g., Qi Gong, Tai Ji)



3.) Dietary recommendations according to Traditional Chinese Medicine theory

- Demonstrate knowledge of dietary recommendations according to Traditional Chinese Medicine theory

**B. Patient Management (10%)**

1. Re-assessment and modification of treatment plan

- Reevaluate and modify treatment plan (e.g., diagnostic assessment, point selection, needling technique, other modalities, treatment frequency)

2. Referral and/or discharge of patient as appropriate

- Recognize and evaluate the need for referral
- Demonstrate the knowledge of referral to other healthcare providers
- Recognize and evaluate appropriate discharge of patient

**DOMAIN III: Point Identification/Location (20% of total exam)**

(To include both image based questions and questions describing point location measurements by description.)

**A. Identification of Points by Images (10%)**

- Identify by cun and anatomical landmarks

**B. Identification of Points by Description (10%)**

- Identify by cun and anatomical landmarks



## **Appendix: Extra Points**

*(Please Note: Additional Extra Points not listed in the Appendix may appear on the exam as distractors to the correct answer)*

|                      |                           |
|----------------------|---------------------------|
| Anmian               | Pigen                     |
| Bafeng               | Qianzheng                 |
| Baichongwo           | Qiduan                    |
| Bailao               | Qipang                    |
| Baxie                | Qiuhou                    |
| Bitong               | Sanjiaojiu                |
| Bizhong              | Shanglianquan             |
| Dagukong             | Shangyingxiang            |
| Dangyang             | Shiqizhuixue/Shiqizhuixia |
| Dannangxue           | Shixuan                   |
| Dingchuan            | Sifeng                    |
| Erbai                | Sishencong                |
| Erjian               | Taiyang                   |
| Haiquan              | Tituo                     |
| Heding               | Waihuaijian               |
| Huanzhong            | Wailaogong                |
| Huatuojiayi          | Weiguanxiashu             |
| Jiachengjiang        | Xiaogukong                |
| Jianqian/Jianneiling | Xiyan/Neixiyan            |
| Jingbailao           | Yaotongxue                |
| Jinjin and Yuye      | Yaoyan                    |
| Juquan               | Yiming                    |
| Kuangu               | Yintang                   |
| Lanweixue            | Yuyao                     |
| Luozen               | Zhongkui                  |
| Neihuaijian          | Zhoujian                  |
| Neiyingxiang         | Zigongxue                 |



## Acupuncture with Point Location Bibliography

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